Fill in this information to ide	entify your case:	6 1 01 01
United States Bankruptcy Cou		
Northern District of Illinois	in tot the.	UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS
Case number (# known):		NORTHERN DISTRICT COURT
Case Hamber (# known):	Chapter you are filing unde	or: OF ILLINOIS
	Chapter 11	VCP U5 201A
	Chapter 13	JEFFREY 5
		amended filing
Official Form 101		JEFFREY P. ALLSTEADT, CLERK
Tolulical y Fel	tition for Individuals F	married couple may file a bankruptcy case together—called a
e as complete and accurate a	s possible. If two married people are filing togeth	ed about the spouses separately, the form uses <i>Debtor 1</i> and report information as <i>Debtor 1</i> and the other as <i>Debtor 2</i> . The ner, both are equally responsible for supplying correct nee top of any additional pages, write your name and case number top of any additional pages.
rt 1: Identify Yourself	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
Your full name		
Write the name that is on your government-issued picture	Sharee	
identification (for example, your driver's license or	First name	First name
passport).	Middle name	Middle name
Bring your picture identification to your meeting	Last name	
with the trustee.		Last name
	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
All other names you		
have used in the last 8 years	First name	First name
nclude your married or	Middle name	Middle name
maiden names.	Last name	and name
	Last name	Last name
	First name	First name
	Middle name	
	TOTAL PROPERTY.	Middle name
	Last name	Last name
Only the last 4 digits of	xxx - xx - 4 2 3 1	The state of the s
umber or federal	OR - XX - <u>1</u> <u>3</u> <u>5</u> <u>1</u>	xxx - xx
dividual Taxpaver	9 xx - xx	OR
TIN)	- AA -	9 xx - xx

Filed 09/05/18

Document

Doc 1

Entered 09/05/18 10:02:34 Desc Main

Page 1 of 61

Case 18-25029

Case 18-25029 Doc 1 Filed 09/05/18 Entered 09/05/18 10:02:34 Desc Main Ob Occument Document Page 2 of 61

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case
Any business names and Employer Identification Numbers (EIN) you have used in	I have not used any business names or EINs.	I have not used any business names or EINs.
the last 8 years	Business name	Business name
doing business as names	Business name	
	_	Business name
	EIN	EIN
	EIN	EIN ——————
		Lift
Where you live		If Debtor 2 lives at a different address:
	8631 S. LOUN	and a different address;
	Number Street	Number Street
	Chicago Il 60020	
	CDY State ZIP Code	City State ZIP Code
	County	County
	If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
~		address.
r.	lumber Street	Number Street
P	O. Box	P.O. Box
ল	ty State ZIP Code	Ch
CONTRACTOR OF THE PROPERTY OF		City State ZIP Code
S district to file for	heck one:	Check one:
nkruptcy ⊻	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
	I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain.

Case 18-25029 Doc 1 Filed 09/05/18 Entered 09/05/18 10:02:34 Desc Main Document Page 3 of 61

Debtor 1

Case number (if known)

7. The chapter of the Bankruptcy Code you are choosing to file under		k one. (F ankruptcy hapter 7	(- U/// 110 / U//).	ription of each, Also, go to the	see N top of	otice Required by page 1 and check	11 U.S.C. § 342(b) for Individuals Filing k the appropriate box.
		hapter 1					
		· napter 1					
		napter 1					
8. How you will pay the fee	loo yo su	urself, y bmitting	ou may pay v	with cash, cas nt on your bel	w you shier's	may pay. Typica	heck with the clerk's office in your ally, if you are paying the fee by order. If your attorney is y pay with a credit card or check
	i re By les	quest t law, a just than 1 the fee	that my fee budge may, bu 50% of the of	e waived (You t is not requir fficial poverty its). If you cho	ou may ed to, line the	y request this op waive your fee, nat applies to you	option, sign and attach the ents (Official Form 103A). In otion only if you are filing for Chapter 7 and may do so only if your income is ur family size and you are unable to must fill out the Application to Have the with your petition.
Have you filed for bankruptcy within the	₩ No					and the supplemental state of the supplement	
last 8 years?	☐ Yes.	District			When	MM / DD / YYYY	Case number
		District	***************************************				Case number
		District	-				Case number
Are any bankruptcy	☑ No						
cases pending or being filed by a spouse who is	Yes.	Debtor	<u> </u>				Relationship to you
not filing this case with you, or by a business partner, or by an affiliate?					When	MM/DD/YYYY	Case number, if known
		Debtor					Relationship to you
		District .		· · · · · · · · · · · · · · · · · · ·	Vhen		Case number, if known
Do you rent your residence?		M No.	r landlord obtai Go to line 12.			nent against you?	
•		Yes.	Fill out <i>Initial S</i> of this bankrupt	tatement Aboutcy petition.	t an E	viction Judgment A	Against You (Form 101A) and file it as

Case 18-25029 Doc 1 Filed 09/05/18 Entered 09/05/18 10:02:34 Desc Main Page 4 of 61

Debtor 1

2. Are you a sole proprietor	No. Go to Part 4.			
of any full- or part-time business?	Yes. Name and location	n of business		
A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or	Name of business, if		· · ·	
LLC. If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.	Number Street			
to and poundir.	City		State	ZIP Code
	Check the appropri	iate box to describe your bu	isiness;	
		siness (as defined in 11 U.		
	☐ Single Asset Re	eal Estate (as defined in 11	U.S.C. § 101(51B)))
		defined in 11 U.S.C. § 101		
		ker (as defined in 11 U.S.C	. § 101(6))	
and the second of the second o	☐ None of the abo	ve		
are you a small business debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D).	any of these documents do n No. I am not filing under No. I am filing under Chathe Bankruptcy Code	chapter 11. Apter 11, but I am NOT a sn	n-now statement, a re in 11 U.S.C. § 11 nall business debto	r according to the definition in
	Yes. I am filing under Cha Bankruptcy Code.	ipter 11 and I am a small bu	usiness debtor acco	rding to the definition in the
t 4: Report if You Own or	Have Any Hazardous P	roperty or Any Propert	v That Noode In	amodinto Attauti
_	₩ No		,	initiate Attention
property that poses or is	☑ No ☑ Yes. What is the hazard?	s		
of imminent and dentifiable hazard to public health or safety?				
Or do you own any property that needs mmediate attention?	If immediate attentio	n is needed, why is it need	ed?	
or example, do you own erishable goods, or livestock nat must be fed, or a building				
at needs urgent repairs?				

ZIP Code

State

Document

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before i filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required	to receive a	briefing	abou
credit counseling	because of:		

☐ Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

reasonably tried to do so. Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before ! filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

	am no	t required	to receive a	briefing	about
1	credit o	counseling	because of:		

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document

Case 18-25029 Doc 1 Filed 09/05/18 Entered 09/05/18 10:02:34 Desc Main Page 6 of 61

Sharee Latisha Williams
First Name Middle Name Last Name

P	art 6: Answer These Que	stions for Reporting Purpose	es	
16	. What kind of debts do you have?	16a. Are your debts primari as "incurred by an individua	ily consumer debts? Consumer de al primarily for a personal, family, or ho	obts are defined in 11 U.S.C. § 101(8) usehold purpose."
della control control		☐ No. Go to line 16b. 爲 Yes. Go to line 17.		
			ily business debts? Business debt: restment or through the operation of th	
		☐ No. Go to line 16c. ☐ Yes. Go to line 17.		
		16c. State the type of debts you	owe that are not consumer debts or bu	usiness debts.
17.	. Are you filing under Chapter 7?	☐ No. I am not filing under Cha	apter 7. Go to line 18.	
	Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	Yes. I am filing under Chapte administrative expenses No Yes	er 7. Do you estirnate that after any exe s are paid that funds will be available to	empt property is excluded and o distribute to unsecured creditors?
18.	How many creditors do you estimate that you owe?	☐ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999	1,000-5,000 5,001-10,000 10,001-25,000	25,001-50,000 50,001-100,000 More than 100,000
19.	How much do you estimate your assets to be worth?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20.	How much do you estimate your liabilities to be?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
Pa	rt 7: Sign Below		The transfer of the transfer o	— More alan 400 billion
Fo	er you	I have examined this petition, and correct.	d I declare under penalty of perjury that	t the information provided is true and
		If I have chosen to file under Chap of title 11, United States Code. I u under Chapter 7.	pter 7, I am aware that I may proceed, understand the relief available under ea	if eligible, under Chapter 7, 11,12, or 13 ach chapter, and I choose to proceed
		If no attorney represents me and this document, I have obtained ar	I did not pay or agree to pay someone not read the notice required by 11 U.S.	who is not an attorney to help me fill out C. § 342(b).
		I request relief in accordance with	the chapter of title 11, United States (Code, specified in this petition.
		I understand making a false states with a bankruptcy case can result 18 U.S.C. §§ 152, 1341, 1519, an	t in fines up to \$250,000, or imprisonme	g money or property by fraud in connection ent for up to 20 years, or both.
		* Sharewell	ans *	
		Signature of Debtor 1	Signatur	e of Debtor 2
		Executed on 09 05 20	OLS Executed	d on

Case 18-25029 Doc 1 Filed 09/05/18 Entered 09/05/18 10:02:34 Desc Main Document Page 7 of 61

Debtor 1

<u></u>		Цоситепт	
Sharle Mide	Latisha de Name	Williams_	

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

MM / DD /YYYY
_
ZIP Code
ress

Case 18-25029 Filed 09/05/18 Entered 09/05/18 10:02:34 **Desc Main** Doc 1 Page 8 of 61 Document

tisha W Debtor 1 For you if you are filing this The law allows you, as an individual, to represent yourself in bankruptcy court, but you bankruptcy without an should understand that many people find it extremely difficult to represent attorney themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney. If you are represented by an attorney, you do not To be successful, you must correctly file and handle your bankruptcy case. The rules are very need to file this page. technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay. You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned. If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply. Are you aware that filing for bankruptcy is a serious action with long-term financial and legal ☐ No **□**Yes Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned? ☐ No **∠**Yes Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms? Yes. Name of Person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case. Shaw Will Signature of Debtor 2 Date Date MM / DD / YYYY Contact phone Contact phone 13 301 5579 Cell phone

Cell phone Email address Case 18-25029 Doc 1 Filed 09/05/18 Entered 09/05/18 10:02:34 Desc Main Page 9 of 61 Document

	nformation to identify	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Debtor 1	Shapel First Name	Latisha	Williams
Debtor 2	· nat resilie	Middle Name	Last Name
(Spouse, if filing)	First Name		
		Middle Name	Last Name
Jnited States B	ankruptcy Court for the:	Northern District of Illinois	
ase number			1.
	(If known)		

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct 12/15 information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	Your assets Value of what you own
1b. Copy line 62, Total personal property, from Schedule A/B	SW TO THE SECOND
1c. Copy line 63, Total of all property on Schedule A/B	
art 2: Summarize Your Liabilities	
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$ 48,443.21 + \$ 6 0,000
Your total liabilities 3: Summarize Your Income and Expenses	s 1051
chedule I: Your Income (Official Form 106I) opy your combined monthly income from line 12 of Schedule I	. 1500 & 648 OD
chedule J: Your Expenses (Official Form 106J) Dopy your monthly expenses from line 22c of Schedule J	5 1502.00

Case 18-25029 Doc 1 Filed 09/05/18 Entered 09/05/18 10:02:34 Desc Main

Document Page 10 of 61

Sharel Latishia Williams

Last Name Last Name Countries

Case 18-25029 Doc 1 Filed 09/05/18 Entered 09/05/18 10:02:34 Desc Main

Case number (if known)

- Are you ming for banki	e Questions for Administrative and Statist ruptcy under Chapters 7, 11, or 13?		<u>.</u>
No. You have nothing	to report on this part of the		
¥Yes	part of the form. Check this box ar	d submit this form to the court with your other schedules.	ē
7. What kind of debt do yo		, od tedutes.	
TV	u have?		
family, or household n	arily consumer debts. Consumer debts are those ":	Down d.	
Your dahes are	arily consumer debts. Consumer debts are those "i urpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for sta	atistical purposes 28 U.S.C. s.450	
this form to the court w	imarily consumer debts. You have nothing to repo	atistical purposes. 28 U.S.C. § 159. rt on this part of the form. Check this box and submit	
From the Statement of Yo	our Current Monthly Income: Copy your total current Form 122B Line 11; OR, Form 122C-1 Line 14.		
Form 122A-1 Line 11; OR,	our Current Monthly Income: Copy your total currer Form 122B Line 11; OR, Form 122C-1 Line 14.	nt monthly income from Official	
and the same of th	14.	1 = 648.	00
Conv the fall			
copy the following special	categories of claims from Part 4, line 6 of Sched	•	
	ait 4, line 6 of Sched	ulo E/E	
	ant 4, line 6 of Sched	ule E/F:	
		MONEY CONTRACTOR	
nis Markara.		ule E/F: Total claim	
From Part 4 on Schedule	E/F, copy the following:	MONEY CONTRACTOR	
From Part 4 on Schedule	E/F, copy the following:	MONEY CONTRACTOR	
From Part 4 on Schedule in a Domestic support obligation	E/F, copy the following:	MONEY CONTRACTOR	
From Part 4 on Schedule in a Domestic support obligation	E/F, copy the following:	MONEY CONTRACTOR	
From Part 4 on Schedule in a Domestic support obligation. Taxes and certain other de	E/F, copy the following: ons (Copy line 6a.) obts you owe the government. (Copy line 6b.)	MONEY CONTRACTOR	
From Part 4 on Schedule in a. Domestic support obligation. Taxes and certain other decreases. Claims for death or personal	E/F, copy the following: ons (Copy line 6a.) obts you owe the government. (Copy line 6b.) al injury while you were intoxicated. (Copy line 6c.)	MONEY CONTRACTOR	
From Part 4 on Schedule in the Part 4 on Sch	E/F, copy the following: ons (Copy line 6a.) obts you owe the government. (Copy line 6b.) al injury while you were intoxicated. (Copy line 6c.)	Total claim S S S C	
From Part 4 on Schedule in a Domestic support obligation b. Taxes and certain other decorations for death or personal student loans. (Copy line 6)	E/F, copy the following: ons (Copy line 6a.) obts you owe the government. (Copy line 6b.) al injury while you were intoxicated. (Copy line 6c.)	Total claim s S S C S (aD 1000	
From Part 4 on Schedule in a Domestic support obligation. Taxes and certain other decided. Claims for death or personal Student loans. (Copy line 6)	E/F, copy the following: ons (Copy line 6a.) obts you owe the government. (Copy line 6b.) al injury while you were intoxicated. (Copy line 6c.)	Total claim s S S C S (aD 1000	
From Part 4 on Schedule is a. Domestic support obligation. Taxes and certain other decidents for death or personal. Student loans. (Copy line 6f Obligations arising out of a spriority claims. (Copy line 6g	E/F, copy the following: ons (Copy line 6a.) obts you owe the government. (Copy line 6b.) al injury while you were intoxicated. (Copy line 6c.) i.) separation agreement or divorce that you did not report.	Total claim s S S C S (aD 1000	
From Part 4 on Schedule is a. Domestic support obligation b. Taxes and certain other de c. Claims for death or personal Student loans. (Copy line 66) Obligations arising out of a spriority claims. (Copy line 69)	E/F, copy the following: ons (Copy line 6a.) obts you owe the government. (Copy line 6b.) al injury while you were intoxicated. (Copy line 6c.) i.) separation agreement or divorce that you did not report.	Total claim s S S C S (aD 1000	
From Part 4 on Schedule is a. Domestic support obligation. Taxes and certain other decidents for death or personal. Student loans. (Copy line 6f Obligations arising out of a spriority claims. (Copy line 6g	E/F, copy the following: ons (Copy line 6a.) obts you owe the government. (Copy line 6b.) al injury while you were intoxicated. (Copy line 6c.) deparation agreement or divorce that you did not repeating plans, and other similar debts. (Copy line 6h.)	Total claim s S S C S (aD 1000	

Case 18-25029 Doc 1 Filed 09/05/18 Entered 09/05/18 10:02:34 Desc Main of 61

Debtor 1 Share Latisha Williams Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois	Debtor 2 (Spouse, if filing) First Name Middle Name Middle Name Middle Name	Case number		0130	et of famois	
Debtor 2 (Spouse, if filing) First Name Middle Name Middle Name Middle Name	Debtor 1 Share Latisha Williams Debtor 2 (Spouse, if filing) First Name Middle Name	United States B	ankruptcy Court for th		ict of Nice :-	
Debtor 2 Middle Name Last Name	Debtor 1 Share Latisha Williams Debtor 2 Lasi Name Lasi Name	(Spouse, if filing)	First Name	Middle Name		
First Name	Debtor 1 Sharee Latisha Williams	Debtor 2	· · · · · · · · · · · · · · · · · · ·	Middle Name		100
	anomitation to identify your case and this filing:	Debtor 1	Share	Latisha	ء مناليم	14 V
Fill in this information		Ca				

☐ Check if this is an amended filing

Schedule A/B: Property

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filling together, both are equally 12/15 responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages,

Part 1:	Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In	
1 0	Tanding, Land, or Other Real Estate You Own or Have an Information	
i. Do yo	u own or have any legal or equitable interest in	ì

Yes Where is the	le interest in any residence, building, land, or similar	property?	• .
1.1. Street address, if available, or other descrip City State ZIP	What is the property? Check all that apply.	Do not deduct secured the amount of any secured the amount of any secured creditors Who Have Ci. Current value of the entire property? \$	e Current value of portion you own
you own or have more than one, list here: 1.2. Street address, if available, or other description	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this property identification number: What is the property? Check all that apply.	Do not deduct secured claim	ms or exemptions. Put
			ciaims on Schedule D.
City State ZIP Coo	Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare	Current value of the centire property? \$	Secured by Property. Current value of the portion you own?
City	Condominium or cooperative Manufactured or mobile home Land Investment property	Current value of the entire property? \$	Current value of the portion you own? Our ownership nple, tenancy by state), if known.

What is the property? Check all that apply. 1.3. Do not deduct secured claims or exemptions, Put Single-family home Street address, if available, or other description the amount of any secured claims on Schedule D Duplex or multi-unit building Creditors Who Have Claims Secured by Property. Condominium or cooperative Current value of the Current value of the Manufactured or mobile home entire property? portion you own? Land Investment property State ZIP Code ☐ Timeshare Describe the nature of your ownership Other_ interest (such as fee simple, tenancy by the entireties, or a life estate), if known. Who has an interest in the property? Check one. County Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only ☐ Check if this is community property At least one of the debtors and another (see instructions) Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. **Describe Your Vehicles** Part 2: Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles DI No 3.1. Make: Who has an interest in the property? Check one. Model Do not deduct secured claims or exemptions. Put Debtor 1 only the amount of any secured claims on Schedule D. Year: Debtor 2 only Creditors Who Have Claims Secured by Property. Debtor 1 and Debtor 2 only Approximate mileage: Current value of the At least one of the debtors and another Current value of the Other information: entire property? portion you own? \square Check if this is community property (see s 33, 10 , a instructions) If you own or have more than one, describe here: 3.2. Make: Who has an interest in the property? Check one. Model: Do not deduct secured claims or exemptions. Put Debtor 1 only the amount of any secured claims on Schedule D. Year: 2016 Debtor 2 only Creditors Who Have Claims Secured by Property. Debtor 1 and Debtor 2 only Approximate mileage: 6000 Current value of the At least one of the debtors and another Current value of the Other information: entire property? portion you own? ☐ Check if this is community property (see instructions) Official Form 106A/B

iled (09/05/18

Entered 09/05/18 10:02:34

Page 12 of 61

Entered 09/05/18 10:02:34 Page 13 of 61_{Case number (# known)} 3.3. Make: Who has an interest in the property? Check one. Model: Do not deduct secured claims or exemptions. Put Debtor 1 only the amount of any secured claims on Schedule D. Year: Debtor 2 only Creditors Who Have Claims Secured by Property. Debtor 1 and Debtor 2 only Approximate mileage: Current value of the At least one of the debtors and another Other information: Current value of the entire property? portion you own? ☐ Check if this is community property (see instructions) 3.4. Make: Who has an interest in the property? Check one. Model: Do not deduct secured claims or exemptions. Put Debtor 1 only the amount of any secured claims on Schedule D: Year: Debtor 2 only Creditors Who Have Claims Secured by Property. Debtor 1 and Debtor 2 only Approximate mileage: Current value of the At least one of the debtors and another Other information: Current value of the entire property? portion you own? ☐ Check if this is community property (see instructions) Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories Yes Make: Who has an interest in the property? Check one. Model: Do not deduct secured claims or exemptions. Put Debtor 1 only the amount of any secured claims on Schedule D. Year: Debtor 2 only Creditors Who Have Claims Secured by Property. Debtor 1 and Debtor 2 only Other information: At least one of the debtors and another Current value of the Current value of the entire property? portion you own? ☐ Check if this is community property (see If you own or have more than one, list here: Make: Who has an interest in the property? Check one. Model: Do not deduct secured claims or exemptions. Put Debtor 1 only the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Year: Debtor 2 only Debtor 1 and Debtor 2 only Other information: Current value of the Current value of the At least one of the debtors and another entire property? portion you own? ☐ Check if this is community property (see

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

Case number (# known)

	ny legal or equitable interest in any of the following items?	
	그는 사람이 가입하게 하셨다면 그는 그 가는 사람들이 되었다. 바다 보다는 그는 사람들은 사람이 되었다.	Current value of the portion you own?
6. Household goods a	ind furnishings	Do not deduct secured.
<i>⊏xampies</i> : Major app	pliances, furniture, linens, china, kitchenware	or exemptions
Yes. Describe		
7. Electronics		\$
Examples: Televisions	s and radios; audio, video, stereo, and district	
No Collections;	s and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; mus ; electronic devices including cell phones, cameras, media players, games	sic
Yes. Describe		
- res. Describe		
Collectibles of value		\$
Examples: Antique		P
stamp, coin	d figurines; paintings, prints, or other artwork; books, pictures, or other art objects; or baseball card collections; other collections, memorabilia, collectible.	
No	or dyurines; paintings, prints, or other artwork; books, pictures, or other art objects; or baseball card collections; other collections, memorabilia, collectibles	
Yes, Describe		
Equipment for sports a	ind hobbles	\$
Examples: Sports, photo	ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes carpentry tools; musical instruments	
and kayaks; o	carpentry tools; musical instruments	
		.
Yes. Describe		
Firearms		
		\$
No	shotguns, ammunition, and related equipment	
Yes. Describe		
1		
lothes		\$
xamples: Everyday clothe	es, furs, leather coats, designer wear, shoes, accessories	
No	codis, designer wear, shoes, accessories	
Yes. Describe		
<u>_</u>		
we!ry		\$
	V. CORturna in	
gold, silver	y, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,	
Garan, Chito,	- Johnshy, watches, gems,	
		į.
No Yes. Describe		į
Yes. Describe		
Yes. Describe	harea	\$
Yes. Describe	horses	\$
Yes. Describe		\$
Yes. Describe	og	\$
Yes. Describe	og	\$
Yes. Describe	og	\$
Yes. Describe		\$
Yes. Describe	og	\$
Yes. Describe	െറ്റ isehold items you did not already list, including any health alds you did not list	\$ 0
Yes. Describe	og	\$

Case 18-25029 Doc 1 Filed 09/05/18 Entered 09/05/18 10:02:34 Desc Main Debtor 1 Document N Page 15 of 61

Case number (# Known)_______

-v you own or ha	ve any legal or equitable intere	st in any of the followings		
				Current value of
				portion you owr Do not deduct secu
6. Cash				VI EXCIDED TO S
examples: Mone	y you have in your wallet, in your	home, in a safe denosit how and	on hand when you file your petition	
Yes			•	
			Cash: C	
Deposits of mon				<u> </u>
Examples: Check	ing savings or -th			
and of	her similar institutions. If you have	counts; certificates of deposit; sha multiple accounts with the same	res in credit unions, brokerage hou	
		with the same	institution, list each	ses,
∠ Yes	••••	Institution name:		
3		ما حسا	1100- 1	
•	17.1. Checking account:	<u>Unase</u>	close down	& 5 =
	17.2. Checking account:	-Bmo Harr		s 01.35
	17.3. Savings account:	<u> </u>	13	30005
	17.4. Savings account:			\$
	17.5. Certificates of deposit:			- S
	17.6. Other financial account:			3
	17.7. Other financial account:			· \$
	17.8. Other financial account:			\$
	17.9. Other financial account:			\$
				\$
				· · · · · · · · · · · · · · · · · · ·
nds, mutual funds	, or publicly traded stocks			
mples: Bond funds	, investment accounts with broke	age firms, money market account		
		-30 mins, money market account	S	
Yes	Institution or issuer name:			
				\$
				\$
				\$
Buhit-la tan				
-C. partnership a	ock and interests in incorporate	ed and unincornorated business		
o partnersnip, a	nd joint venture	ed and unincorporated busines	es, including an interest in	
o es. Give specific	Name of entity:			
			% of ownership:	
Ormation about			00/	
ormation about				\$

Currient Page 16 of 61 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. 1 No ☐ Yes. Give specific Issuer name: information about them.... 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans Z No Yes. List each account separately. Type of account: Institution name: 401(k) or similar plan: Pension plan: IRA: Retirement account: Keogh: Additional account: Additional account: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications D Now Institution name or individual: Electric: Gas: Heating oil: Security deposit on rental unit: edallion Prepaid rent: Telephone: -mobile Water: Rented furniture: Other: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) Yes Issuer name and description: Official Form 106A/B

Filed 09/05/18 Entered 09/05/18 10:02:34 Desc Main

Page 17 of 61 Case number (if known) 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. ☐ No 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers ☐ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses Yes. Give specific information about them.... Money or property owed to you? Current value of the portion you own? Do not deduct secured 28. Tax refunds owed to you claims or exemptions. Yes. Give specific information already filed return about them, including whether you already filed the returns Federal: and the tax years. State: Local 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement Yes. Give specific information..... Alimony: Maintenance: Support: 6.0C Divorce settlement: 30. Other amounts someone owes you Property settlement: Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No 🗹 Yes. Give specific information..... Official Form 106A/B Schedule A/B: Property

iled 09/05/18

Entered 09/05/18 10:02:34

page 7

Page 18 of 61 Case number (# known) 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company Company name: of each policy and list its value.... Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. D No Yes. Give specific information..... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No 🖸 Yes. Describe each claim. 34 Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights ☐ No Yes. Describe each claim..... 35 Any financial assets you did not already list Yes. Give specific information..... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. Part 5: 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims 38. Accounts receivable or commissions you already earned or exemptions ☐ No Yes. Describe.... 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices Yes. Describe... Official Form 106A/B

ed 09/05/18 Entered 09/05/18 10:02:34

Page 19 of 61 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade Yes. Describe... 41. inventory ☐ No Yes. Describe... 42. Interests in partnerships or joint ventures □ No Yes. Describe...... Name of entity: % of ownership: 43. Customer lists, mailing lists, or other compilations Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? Yes. Describe..... 44. Any business-related property you did not already list Yes. Give specific information 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest in. Part 6: If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? Yes. Go to line 47. Current value of the portion you own? 47. Farm animals Do not deduct secured claims Examples: Livestock, poultry, farm-raised fish or exemptions. ☐ No ☐ Yes..... Official Form 106A/B Schedule A/B: Property

iled 09/05/18

Entered 09/05/18 10:02:34

page 9

	Case 18-25029 Doc 1 Filed 09/05/18 Entered 09/05/18 10:02:34 Debtor Case 18-25029 Doc 1 Filed 09/05/18 Entered 09/05/18 10:02:34	
	Case number (if known)	
	48. Crops—either growing or harvested	
	□ No	·
٠	Yes. Give specific	
	information	
	:	
	49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade	1 -
	No No	\$
	Yes	
	50 Farm and tiphin	
	50. Farm and fishing supplies, chemicals, and feed	\$
!	1 100	
	☐ Yes	
4		
		1
	51. Any farm- and commercial fishing-related property you did not already list	1
	No	\$
.	Yes China and Tarabay iist	
-	Yes. Give specific information	
į	and major.	
	52. Add the deller	.
	52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached	<u> </u>
.]	for Part 6. Write that number here	
	art 7: Describe All Pro-	_ s
P	art 7: Describe All Property You Own or Have an Interest in That You Did Not List Abo	The second secon
	The stripe All Property You Own or Have an Interest	
53	R Powert in That You Did Not List Abo	
, 00	B. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership.	ve
;	Examples: Season tickets, country club membership	
	NO NO	· · ·
į	Yes. Give specific	
	information	
1		\$
1 -		3
54.	Add the dollar value of all of your entries from Part 7. Write that number here	\$
	value of all of your entries from Part 7. Write that pure	
for miner	The dist number here	
	and the property of the second	\$
Par	List the Totals of Each Part of this Form	
	Compart of this Form	The state of the s
55 Pa		orana -
	art 1: Total real estate, line 2	
. 56 De		
30. 72	art 2: Total vehicles, line 5	\$
57 Da	\$	and the same of th
07. Pa	art 3: Total personal and household items, line 15	
50 Do.	\$	· ·
oo. Far	rt 4: Total financial assets, line 36	:
		2
s serar	t 5: Total business-related property, line 45	
en Daw	\$	- Program
∘⊍. Pan	t 6: Total farm- and fishing-related property, line 52	<u> </u>
64 P	property, line 52	
or Part	7: Total other property not listed, line 54	!
62. Tota	personal property. Add lines 56 th	, in the second
	Il personal property. Add lines 56 through 61\$	
	Copy personal property total →	E.a.
63 Total	as all	5
yo. i otaf	or all property on Schedule A/B, Add line 55 4 85 2 20	The second of th
	of all property on Schedule A/B. Add line 55 + line 62	
		\$
Official F	Form 106A/B	
	Schedule A/B: Property	
	- · - · · · · · · · · · · · · · · · · ·	

Case 18-25029 Doc 1 Filed 09/05/18 Entered 09/05/18 10:02:34 Desc Main Document Page 21 of 61

Fill in this information to ident	DOCU ify your case:	iment	Page 21 of 61
Debtor 1 Ghares	Middle Name	Last Name	liams
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name	
United States Bankruptcy Court for th	e: Northern District of Illinoi:	s	
Case number (If known)			

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Check if this is an amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

For any property you list on Schedule A/B t	hat you claim as exen	npt, fill in the information below.	
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief description:	\$	□ s	IBS IZCS 12-1001
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief		7 Approved statement mink	
description: Line from Schedule A/B:	\$	100% of fair market value, up to	
Brief description:		any applicable statutory limit	
Line from Schedule A/B:	.	100% of fair market value, up to any applicable statutory limit	
Are you claiming a homestead exemption of n	nore than \$160,375?		
Subject to adjustment on 4/01/19 and every 3 ye No	ars after that for cases	filed on or after the date of adjustment.)	

Case 18-25029 Doc 1 Filed 09/05/18 Entered 09/05/18 10:02:34 Desc Main Page 22 of 61

Case number (if known)

Brief description of the property and on Schedule A/B that lists this prope		Amount of the ever	
that lists this prope	rry portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Brief	Copy the value from Schedule A/B	Check only one box for each exemption	
description:	\$	_ □ \$	
Line from Schedule A/B		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$		
Line from Schedule A/B:	***************************************	☐ \$ ☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	<u>\$</u>		
Line from	···	\$ 100% of fair market value, up to any applicable statutory limit	
Brief description:			
Line from Schedule A/B:		☐ \$ ☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		The second secon	
Line from Schedule A/B:		□ \$ 100% of fair market value, up to any applicable statutory limit	-
Brief			
description: Line from		□ \$	
Schedule A/B:		100% of fair market value, up to any applicable statutory limit	
description:	\$	s s	
Line from Schedule A/B:		100% of fair market value, up to any applicable statutory limit	
Brief description:	- A	1s	
Line from Schedule A/B:		100% of fair market value, up to any applicable statutory limit	To programme
Brief description:			
Line from Schedule A/B:		100% of fair market value, up to	
Brief description:	C.	any applicable statutory limit	
ine from Schedule A/B:	\$ <u></u>	\$	
Brief		any applicable statutory limit	
escription:ine from	\$		AAA
chedule A/B:	<u> </u>	100% of fair market value, up to any applicable statutory limit	William III
rief escription:	The second secon		
ne from	\$ O \$		V Call
chedule A/B:	a a	00% of fair market value, up to iny applicable statutory limit	

Filed 09/05/18 Entered 09/05/18 10:02:34 Desc Main

Case 18-25029 [oc 1 Filed 09/05/18	Entered 09/05	5/18 10:02:34	Desc Main	
	Document I	Page 23 of 61			
Fill in this information to identify yo	ur case:				
Debtor 1 Sharel 10	£.7				
First Name	Middle Name Last Name	N			
Debtor 2	enot (Adille		•		
(Spouse, if filing) First Name	Middle Name Last Name				
United States Bankruptcy Court for the: Nor	thern District of Illinois				
Case number					
(If known)					
				Check if th	is is an
055				amended f	iling
Official Form 106D			e e		
Schedule D. Crodia	1845. II				
Schedule D: Credit	ors who Have Cla	aims Secur	ed by Prop	erfy	4.5.4.5
Be as complete and accurate as poss information. If more space is needed, additional pages, write your name and	ble. If two married people are filin	O together both		city 1	12/15
information. If more space is needed, additional pages, write your name and	copy the Additional Page, fill it ou	y together, both are e t, number the entries	qually responsible for	r supplying correct	
i -5-5, with your marile and	case number (if known).		and attach it to this	form. On the top of any	
Do any creditors have claims securi	od by your man and				
No. Check this box and submit this	form to the				
No. Check this box and submit this Yes. Fill in all of the information be	out to the court with your other sch	iedules. You have noth	ing else to report on th	is form	
and madritudori be	ow.				
Part 1: List All Secured Claims		•			
		<u> </u>	·		
List all secured claims. If a creditor hat for each claim. If more than one creditor.	S more than one secured at it.		Columa A		
for each claim. If more than one creditor has much as possible, list the claims in a	Thas a particular claim, list the other	he creditor separately			imn G
As much as possible, list the claims in a	Iphabetical order according to the cri	creditors in Part 2.	Do not deduct the	hat supports this port	ecured
2.1			value of collateral,	laim if any	
Creditor's Name	Describe the property that secu	res the claim:	\$		
STARTO STARTE			Y	<u> </u>	
Number Street					
	Ac of the last				1
	As of the date you file, the claim	is: Check all that apply.			
	Contingent Unliquidated				ļ
City State ZIP Code	Disputed				-
Who owes the debt? Check one.					}
Debtor 1 only	Nature of lien. Check all that apply.				1
Debtor 2 only	An agreement you made (such as car loan)	mortgage or secured			
Debtor 1 and Debtor 2 only	Statutory'lien (such as tax lien, me				}
At least one of the debtors and another	Judgment lien from a lawsuit	echanic's lien)			1
☐ Check if this claim relates to a	Other (including a right to offset)				
community debt					
Date debt was incurred	Last 4 digits of account number				
2.2					
Creditor's Name	Describe the property that secure	s the claim: \$_		¢	
			<u> </u>	Ψ	
Number Street	<u> </u>			•	- 1
<u></u>	As of the date you file, the claim is	Chook ellabert			
	☐ Contingent	. Oneck all that apply.	•		
City State ZIP Code	☐ Unliquidated				
state ZIP Code	☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				Ì
Debtor 1 only	An agreement you made (such as m				Ī
Debtor 2 only Debtor 1 and Debtor 2 only					
	Statutory lien (such as tax lien, mech	nanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit	·= - ··-·//			1
Check if this claim relates to a	Other (including a right to offset)				
community debt		· · · · · · · · · · · · · · · · · · ·			l

Date debt was incurred

Last 4 digits of account number

Case 18-25029 Doc 1 Filed 09/05/18 Entered 09/05/18 10:02:34 Desc Main

Debtor 1

Fin

Sharel	Intisha	Document	Page 24 of 61	
7.01	Middle Name	WITHUM 3	Case number at	f kno

Additional Page Part 1: After listing any entries on t by 2.4, and so forth.	his page, number them beginning with 2.3, followed	Column A Amount of cl Do not deduct value of collate	the that suppo	rts this portion
	Describe the property that secures the claim:			Lany.
Creditor's Name	The state of the claim;	<u> </u>	\$ <u></u> _	<u> </u>
Number Street				
	As of the date you file, the claim is: Check all that apply.	ال		
City State ZIP Code	☐ Contingent			
City State ZIP Code	Unliquidated Disputed			•
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only				
Debtor 2 only	 An agreement you made (such as mortgage or secured car loan) 			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit	•		
Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred	Last 4 digits of account number			
	Describe the property that secures the claim:			
Creditor's Name	The section of the ciaim:		<u> </u>	\$ <u></u>
Number Street	_			
	As of the date you file, the claim is: Check all that apply.			
	Contingent			
City State 7/D O	Unliquidated			}
- State ZIP Code	☐ Disputed			j
Who owes the debt? Check one.	Nature of lien. Check all that apply.			5
Debtor 1 only Debtor 2 only	An agreement you made (such as mortgage or secured			
Debtor 1 and Debtor 2 only	car loan)			
At least one of the debtors and another	Statutory lien (such as tax lien, mechanic's lien)			
	Judgment lien from a lawsuit			-
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred	Last 4 digits of account number			
	Describe the property that secures the claim: \$			
Creditor's Name	Same claim.	· · · · · · · · · · · · · · · · · · ·	_ \$	\$\$
Number Street				
	As of the date you file, the claim is: Check all that apply.			
	Contingent			
City State ZIP Code	Unliquidated Disputed			
Who owes the debt? Check one.	Nature of fien. Check all that apply.			***************************************
Debtor 1 only				
Debtor 2 only	An agreement you made (such as mortgage or secured car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	■ Judgment lien from a lawsuit			
Check if this claim relates to a community debt	Other (including a right to offset)			
ate debt was incurred	Last 4 digits of account number			-
	in Column A on this page. Write that number here:		1	-
II this is the last page of your form a	add the dollar value totals from all pages.			The same
Write that number here:	s and dollar value totals from all pages.			
	The state of the s			

Case 18-25029 Doc 1 Filed 09/05/18 Entered 09/05/18 10:02:34 Desc Main

Debtor 1

136 10-20	0023	DOC I	I IIC	u 03/03/10
Sharee	la	tisha	IN PP	cument
First Name	Middle Name		24 5	0.00011 8.00

Case number (if known)_

Part	12:1 List Others	to Be Notified for a D	ebt That You Aire	eady Listed
Use t agen you h be no	this page only if you have	eve others to be notified at	out your bankruptcy	of for a debt that you already listed in Part 1. For example, if a collection st the creditor in Part 1, and then list the collection agency here. Similarly, it 1, list the additional creditors here. If you do not have additional persons to
				On which line in Part 1 did you enter the creditor?
Na	ame			Last 4 digits of account number
Nu	umber Street			•
Cit	V			
7		State	ZIP Code	
Nai	me			On which line in Part 1 did you enter the creditor?
	•			Last 4 digits of account number
Nur	mber Street			
City		State		····
THE STREET, NA	ar Paragon in an antique de la graphic addresses of garden and gar	OLACE	ZIP Code	
Nam	16			On which line in Part 1 did you enter the creditor?
				Last 4 digits of account number
Num	ber Street			
				-
City		State	ZIP Code	_
***************************************	ر المستقبل	марак (др. Анулия) наубу с (Заран) пр. Астиции (др. Саман) на Том (били (др. Саман) на Саман) на Саман (др. Сам		
Name	•			On which line in Part 1 did you enter the creditor?
Numb	er Street			Last 4 digits of account number
				-
City	والمعارضة	State	ZIP Code	
-		and the second s	and the state of t	On which line in Part 1 did you enter the creditor?
Name				Last 4 digits of account number
Numbe	r Street			
				
City		State	ZIP Code	
		The state of the s	and the state of t	On which line in Part 1 did you enter the creditor?
Name				Last 4 digits of account number
Number	Street			
City		State	ZIP Code	

Case 18-25029 Doc 1 Fill in this information to identify your case	Filed 09/05/18 Entered 09/05/18	
Debtor 1 Sare Latsh First Name Middle Na	a Williams	
(Spouse, if filing) First Name Middle Na	zne Lasi Name	
United States Bankruptcy Court for the: Northern [· · ·	
Case number	Pistrict Of Ingrious	-
(if known)		☐ Check if this is a
Official Form 106E/F		amended filing
Schedule E/F: Creditor:	s Who Have Unsecured Cla	• B
De de complete and accurate as massium.		
List the other party to any executory contract: A/B: Property (Official Form 106A/B) and on S	Part 1 for creditors with PRIORITY claims and Part 2 s or unexpired leases that could result in a claim. Als chedule G: Executory Contracts and Unexpired Leas	2 for creditors with NONPRIORITY claims.
creditors with partially secured claims that are	s or unexpired leases that could result in a claim. Als chedule G: Executory Contracts and Unexpired Leas s listed in Schedule D: Creditors Who Have Claims Se other the entries in the boxes on the left. Attach the Co	es (Official Form 106G). Do not include any
any additional pages, write your name and cas	e listed in <i>Schedule D: Creditors Who Have Claims</i> Senter the entries in the boxes on the left. Attach the Cose number (if known).	ontinuation Page to this page. On the top of
		page on the top of
- TOUR HORIST ONSE		
 Do any creditors have priority unsecured c No. Go to Part 2. 	laims against you?	
Yes.	•	
2. List all of your priority uppersured at a	o opeditor to	
each claim listed, identify what type of claim it	a creditor has more than one priority unsecured claim, lists. If a claim has both priority and nonpriority amounts, list the claims in alphabetical order according to the creditor's	st the creditor separately for each claim. For
unsecured claims, fill out the Continuation Page	is. If a claim has both priority and nonpriority amounts, list the claims in alphabetical order according to the creditor's e of Part 1. If more than one creditor holds a particular de-	t that claim here and show both priority and
(For an explanation of each type of claim, see t	the claims in alphabetical order according to the creditor's e of Part 1. If more than one creditor holds a particular claim he instructions for this form in the instruction booklet.)	aim, list the other creditors in Part 3.
7	"" STOR CONTOURS TO BIRS HORITI IN THE INSTRUCTION AND LIGHT	
•	and intolluction booklet.)	
7	•	Total claim . Priority Nonpriority
7		Total claim Priority Nonpriority amount amount
¬ .	Last 4 digits of account number	Total claim . Priority Nonpriority
Hyundai Capital Amar Priority Creditor's Name 1000 Macaphur BIVDS	Last 4 digits of account number When was the debt incurred? 2 1 2015	Total claim Priority Nonpriority amount amount ss 951322_s_
Hyundai Capital Amar Priority Creditor's Name HOOO Macaathur Bivps Number Street	Last 4 digits of account number When was the debt incurred? 2 1 2015 As of the date you file, the claim is: Check all that appr	Total claim Priority Nonpriority amount amount ss 951322_s_
Hyundai Capital Amar Priority Creditor's Name HOOO Macaathur Blyps Number Street Newport beach ca 9alie City State ZIP Code	Last 4 digits of account number When was the debt incurred? 2 1 2015 As of the date you file, the claim is: Check all that app	Total claim Priority Nonpriority amount amount ss 951322_s_
Hyundai Capital Amar Priority Creditor's Name HOOO Macaathur Bivps Number Street Number Street Newport beach ca 9alie City State ZIP Code Who incurred the debt? Check one.	Last 4 digits of account number When was the debt incurred? 2 1 2015 As of the date you file, the claim is: Check all that appr	Total claim Priority Nonpriority amount amount ss 951322_s_
Hyundai Capital Amar Priority Creditor's Name HODO Macaathur Bivp S Number Street Alwort beach Ca 9alie City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only	Last 4 digits of account number When was the debt incurred? 2 1 2015 As of the date you file, the claim is: Check all that app Contingent Unliquidated Disputed	Total claim Priority Nonpriority amount amount ss 951322_s_
Hyundai Capital Amar Priority Creditor's Name 1000 Macaathur Blyp S Number Street Number Stre	Last 4 digits of account number When was the debt incurred? 2.1-2015 As of the date you file, the claim is: Check all that app Contingent Unliquidated Disputed Type of PRIORITY unsecured claim:	Total claim Priority Nonpriority amount amount ss 951322_s_
Hyundai Capital Ama Priority Creditor's Name 1000 Macaathur Bivp S Number Street Number Stre	Last 4 digits of account number When was the debt incurred? 2.1-2015 As of the date you file, the claim is: Check all that app Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations	Total claim Priority Nonpriority amount amount smount smount should be sold a sold by the
Priority Creditor's Name Hoo Macaathur Bivp S Number Street Num	Last 4 digits of account number When was the debt incurred? 2 1 2015 As of the date you file, the claim is: Check all that app Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you was to	Total claim Priority Nonpriority amount amount smount smount should be sold a sold by the
Hyundai Capital Ama Priority Creditor's Name 1000 Macaathur Bivp S Number Street Number Stre	Last 4 digits of account number When was the debt incurred? 2.1.2015 As of the date you file, the claim is: Check all that app Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated	Total claim Priority Nonpriority amount amount smount smount should be sold a sold by the
Priority Creditor's Name Hood Macaathur Bivp S Number Street Nu	Last 4 digits of account number When was the debt incurred? 2 1 2015 As of the date you file, the claim is: Check all that app Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you was to	Total claim Priority Nonpriority amount amount smount smount should be sold a sold by the
Hyundai Capital Amar Priority Creditor's Name 1000 Macaathur Blyp S Number Street Number Street Newport Deach a gale in the control of the community debt is the claim subject to offset? No Yes	Last 4 digits of account number When was the debt incurred? 2.1.3015 As of the date you file, the claim is: Check all that app Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify	Total claim Priority Nonpriority amount amount smount smount ss 951322 s
Hyundai Capital Amar Priority Creditor's Name HODO Macaathur Blyp S Number Street Number Stre	Last 4 digits of account number When was the debt incurred? 2 1-305 As of the date you file, the claim is: Check all that app Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify Last 4 digits of account number 6274	Total claim Priority Nonpriority amount amount smount smount ss 951322 s
Hyundai Capital Amar Priority Creditor's Name 1000 Macaathur Blyp S Number Street Number Street Newport Deach a gale in the control of the community debt is the claim subject to offset? No Yes	Last 4 digits of account number When was the debt incurred? 2.1.2015 As of the date you file, the claim is: Check all that app Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated	Total claim Priority Nonpriority amount amount smount smount ss 951322 s
Hyundai Capital Amar Priority Creditor's Name 1000 Macaathur Buy S Number Street Newport Deach a gale is state Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes Priority Creditor's Name P. O BOX 90/003 Number Street	When was the debt incurred? 2.1.3015 As of the date you file, the claim is: Check all that app Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify Last 4 digits of account number 2.7.4 When was the debt incurred?	Total claim Priority Nonpriority amount amount smount should be seen a s
Hyundai Capital Amar Priority Creditor's Name 1000 Macaathur Bivp S Number Street Newport Deach a gale in State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes Priority Creditor's Name P. O BOX 901003	When was the debt incurred? 2 1 2015 As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify Last 4 digits of account number 2 7 4 When was the debt incurred? As of the date you file, the claim is: Check all that apply.	Total claim Priority Nonpriority amount amount smount should be seen a s
Hyundai Capital Amar Priority Creditor's Name 1000 Macaathur Bivp S Number Street Newport Deach a gale in State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes Priority Creditor's Name P. O BOX 90/003 Number Street Ft Worth TX 7610 City State Zip Code	When was the debt incurred? 2 1-2015 As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify Last 4 digits of account number 2 7 4 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	Total claim Priority Nonpriority amount amount smount should be seen a s
Hyundai Capital Amar Priority Creditor's Name HODO Macaathur Blyp S Number Street Newport Deach a gale of City State ZIP Code Who incurred the debt? Check one. Who incurred the debt? Check one. Who incurred the debtors and another Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes Chase Auto Priority Creditor's Name P. O BOX 901003 Number Street FH Warth TX 7610 City State Zip Code Who incurred the debt? Check one	When was the debt incurred? 2 1 2015 As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify Last 4 digits of account number 2 7 4 When was the debt incurred? As of the date you file, the claim is: Check all that apply.	Total claim Priority Nonpriority amount amount smount should be seen a s
Priority Creditor's Name Hood Macaathur Bivp S Number Street Newport Deach Ca Galeic City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Priority Creditor's Name P. O BOX 90/003 Number Street TX 7610 Ety State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only	When was the debt incurred? 2 1 3015 As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify Last 4 digits of account number 2 2 7 4 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of PRIORITY unsecured claim:	Total claim Priority Nonpriority amount amount smount should be seen a s
Priority Creditor's Name Hood Macaathur Bivp S Number Street Newport Deach Co. 9ake Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes Priority Creditor's Name P. O BOX 90/003 Number Street TX 7610 Et Worth TX 7610 City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only	When was the debt incurred? 2 1 3015 As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify Last 4 digits of account number 2 7 4 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations	Total claim Priority Nonpriority amount amount smount should be seen a s
Hyundai Capital Ama Priority Creditor's Name 1000 Macaathur Bivp S Number Street Newport Deach a galie City State ZiP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Priority Creditor's Name P. O BOX 901003 Number Street TX 7610 City State ZiP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	When was the debt incurred? 2 1 2015 As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government intoxicated Other. Specify Last 4 digits of account number 2 7 4 When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government are supported to the covernment of t	Total claim Priority Nonpriority amount amount smount should be seen a s
Hyundai Capital Ama Priority Creditor's Name HODO Macaphur BlyD S Number Street Newport Deach Ca 9ales City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Priority Creditor's Name P. O BOX 90/003 Number Street TX 76/0 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Check if this claim is for a community debt	When was the debt incurred? 2 1-305 As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government intoxicated Other. Specify Last 4 digits of account number 2 7 4 When was the debt incurred? 08/16 As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were	Total claim Priority Nonpriority amount amount smount should be seen a s
Hyundai Capital Ama Priority Creditor's Name 1000 Macaathur Bivp S Number Street Newport Deach a galie City State ZiP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Priority Creditor's Name P. O BOX 901003 Number Street TX 7610 City State ZiP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	When was the debt incurred? 2 1 2015 As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government intoxicated Other. Specify Last 4 digits of account number 2 7 4 When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government are supported to the covernment of t	Total claim Priority Nonpriority amount amount smount should be seen a s

Case 18-25029 Doc 1 Filed 09/05/18 Entered 09/05/18 10:02:34 Desc Main
Pist Name Middle Name Document Page 27 of 61

Partial Tour PRIORITY Unsecured Claim		
After listing any entries on this page, number then	beginning with 2.3, followed by 2.4, and so forth.	Total claim Priority Nonpriorit
요. 그 사람들은 사람들이 되었습니다. 그 사람들은 사람들은 사람들이 되었습니다. 1986년 - 1987년		amount amount
***************************************		Early recommended to the second of the secon
	Last 4 digits of account number	\$\$\$\$
Priority Creditor's Name		
Number Olera	When was the debt incurred?	
Number Street		
	As of the date you file, the claim is: Check all that apply.	
	☐ Contingent	
City State ZIP Code	☐ Unliquidated	
Only Oddo Lin Oodo	☐ Disputed	
Who incurred the debt? Check one.	- Disputed	•
Debtor 1 only	Type of PRIORITY unsecured claim:	
Debtor 2 only		
Debtor 2 only Debtor 1 and Debtor 2 only	☐ Domestic support obligations	
At least one of the debtors and another	Taxes and certain other debts you owe the government	
At least one of the debtors and another	Claims for death or personal injury while you were	
Check if this claim is for a community debt	intoxicated	
· · · · · · · · · · · · · · · · · · ·	Other. Specify	
Is the claim subject to offset?	•	
□ No		
☐ Yes		
La res		
	Last 4 digits of account number	\$\$\$\$
Priority Creditor's Name		
	When was the debt incurred?	
Number Street		
***************************************	As of the date you file, the claim is: Check all that apply.	
	Contingent	
Charles 710 Contra		
City State ZIP Code	· •	
Who incurred the debt? Check one.	☐ Disputed	
Debtor 1 only	Type of PRIORITY unsecured claim:	
Debtor 2 only	Domestic support obligations	
Debtor 1 and Debtor 2 only	☐ Taxes and certain other debts you owe the government	
At least one of the debtors and another	Claims for death or personal injury while you were	
Check if this claim is for a community debt	intoxicated	
Check it this claim is for a community debt	Other, Specify	
Is the claim subject to offset?		
•		
□ No		
☐ Yes		
	·	
Priority Creditor's Name	Last 4 digits of account number	\$\$
, , , , , , , , , , , , , , , , , , ,	3445	
Number Street	When was the debt incurred?	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	As of the data way file the plains in Oharla II that walls	
	As of the date you file, the claim is: Check all that apply.	
	Contingent	
City State ZIP Code	Unliquidated	
	☐ Disputed	
Who incurred the debt? Check one.	•	
Debtor 1 only	Type of PRIORITY unsecured claim:	
Debtor 2 only		
Debtor 1 and Debtor 2 only	Domestic support obligations	
At least one of the debtors and another	Taxes and certain other debts you owe the government	
	Claims for death or personal injury while you were	
Check if this claim is for a community debt	intoxicated	
	Other, Specify	
Is the claim subject to offset?		
□ No		
[] Yes		

Sharee Latishe Williams as en 18-25029 DOC last Natified 09/05/18

Entered 09/05/18/10:02:34 Desc Main

Page 28 of 61

Part 4:

Add the Amounts for Each Type of Unsecured Claim

 Total the amounts of certain types of unsecured claim Add the amounts for each type of unsecured claim. 	s. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
---	--

Total claim 6a. Domestic support obligations Total claims 6a. from Part 1 6b. Taxes and certain other debts you owe the government 6b. 6c. Claims for death or personal injury while you were intoxicated 6с. 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. 6e. Total. Add lines 6a through 6d. 6e. Total claim 6f. Student loans Total claims 6f. from Part 2 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6g. 6h. Debts to pension or profit-sharing plans, and other similar debts 6h 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 6j. Total. Add lines 6f through 6i.

Part 2:	List All of Your	NONPRIORITY	Unsecured Clai
---------	------------------	-------------	----------------

3.	Do any creditors have nonpriority unsecured claims against yo	NI?	
	No. You have nothing to report in this part. Submit this form to the		
	Yes	ne court with your other schedules.	
		and the state of t	Tabled States States to Free
4.	List all of your nonpriority unsecured claims in the alphabetical	order of the creditor who holds each claim. If a creditor ha	s more than one
	nonpriority unsecured claim, list the creditor separately for each claincluded in Part 1. If more than one creditor holds a particular claim,	m. For each claim listed, identify what type of claim it is. Do no	t list claims already
	claims fill out the Continuation Page of Part 2.	not the other creditors in Fart 5.11 you have more than thee in	onpriority unsecured
	•		Page 1
	1 _		Total claim
4.1	Department at Poucour	Last 4 digits of account number	010 10/ah
	Nonpriently Creditor's Name		\$ 80100D
		When was the debt incurred? 2010-Current	
	Number Street	_	
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.	
		☐ Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated	
	Debtor 1 only	☐ Disputed	
	Debtor 2 only	•	
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	Student loans	
	Chook if this plain is four a service.	Obligations arising out of a separation agreement or divorce	
	☐ Check if this claim is for a community debt	that you did not report as priority claims	
	Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	i
	□ No	Other Specify	
	☐ Yes		
.2		Last 4 digits of account number	\$
	Nonpriority Creditor's Name	When was the debt incurred?	
	Number Street	As of the data you tile the eleim in Ot all Hites and	
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	☐ Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated	ł
	Debtor 1 only	☐ Disputed	
	Debtor 2 only		
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	ļ
	At least one of the debtors and another	☐ Student loans	
	☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce	
	•	that you did not report as priority claims	
	Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	-
	□ No	Other. Specify	Ì
	U Yes	The second life, between the second	
3		Last 4 digits of account number	
	Nonpriority Creditor's Name		\$
		When was the debt incurred?	
	Number Street		4
		As of the data was file the atains to St. C. William t	
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one.	Contingent	
	Debtor 1 only	Unliquidated	
	Debtor 2 only	☐ Disputed	
	Debtor 1 and Debtor 2 only		
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
		☐ Student loans	-
	☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce	
	Is the claim subject to offset?	that you did not report as priority claims	
	□ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
	The state and when the state who have greated a state of managery and the state of		T T T T T T T T T T T T T T T T T T T

Doc 1 Filed 09/05/18 Entered 09/05/18 10:02:34 Desc Main Page 30 of Comment Page 30 of Co

Part 2:

Your NONPRIORITY Unsecured Claims - Continuation Page

	Last 4 digits of account numbers
Nonpriority Creditor's Name	When was the debt incurred?
Number Street	· · · · · · · · · · · · · · · · · · ·
	As of the date you file, the claim is: Check all that apply.
City State ZIP Code	Contingent Unliquidated
Who incurred the debt? Check one.	Disputed
Debtor 1 only	
Debtor 2 only	Type of NONPRIORITY unsecured claim:
Debtor 1 and Debtor 2 only At least one of the debtors and another	Student loans
	Obligations arising out of a separation agreement or divorce that
☐ Check if this claim is for a community debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts
is the claim subject to offset?	Other Specify
□ No □ Yes	
Tes	
Nonpriority Creditor's Name	Last 4 digits of account number\$
Monthional Cheditor 2 Mame	When was the debt incurred?
Number Street	As of the date you file, the claim is: Check all that apply.
City State ZiP Code	Contingent .
Who incurred the debt? Check one.	Unfiquidated
Debtor 1 only	☐ Disputed
Debtor 1 only Debtor 2 only	Type of NONPRIORITY unsecured claim:
Debtor 1 and Debtor 2 only	_
At least one of the debtors and another	Student loansObligations arising out of a separation agreement or divorce that
☐ Check if this claim is for a community debt	you did not report as priority claims
is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts
□ No	Other. Specify
Yes	
	Last 4 digits of account number
Nonpriority Creditor's Name	East 4 digits of account number
	When was the debt incurred?
Number Street	As of the date you file, the claim is: Check all that apply.
City State ZIP Code	Contingent
Who incurred the debt? Check one.	Unliquidated
Debtor 1 only	☐ Disputed
Debtor 2 only	Type of NONPRIORITY unsecured claim:
Debtor 1 and Debtor 2 only	Student loans
At least one of the debtors and another	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that
Check if this claim is for a community debt	you did not report as priority claims
s the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts
No	Other. Specify
Yes	

25023 Horas 1 WFiled 99/05/18 Entered 09/05/18 10:02:34 Desc Main

Middle Name Last Name Document Page 31 of 61

Part 3:

List Others to Be Notified About a Debt That You Already Listed

ionavna: creators nere	. IT you do not nave addi	itional person	more than one creditor for any of the debts that you listed in Parts 1 or 2, list the is to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
·· ····			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
lumber Street			Part 2: Creditors with Nonpriority Unsecured Claim
		·	Last 4 digits of account number
City	State	ZIP Code	
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
Sity	State	ZIP Code	Last 4 digits of account number
Parameter and the Control of the Con			On which entry in Part 1 or Part 2 did you list the original creditor?
ame		•	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
lumber Street		W.L. W. T. W. W. T. W. W. T. W. W. T. W. W. T. W. W. T. W. W	Part 2: Creditors with Nonpriority Unsecured Claims
			Last 4 digits of account number
ily	State	ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor?
Jame			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
lumber Street			Part 2: Creditors with Nonpriority Unsecured Claims
, p - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		······································	Last 4 digits of account number
ing and the second section of the second sec	State State State	ZIP Code	
lame			On which entry in Part 1 or Part 2 did you list the original creditor?
			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
lumber Street			Part 2: Creditors with Nonpriority Unsecured Claims
Na.	State	ZIP Code	Last 4 digits of account number
ily	0.00	217 0000	On which entry in Part 1 or Part 2 did you list the original creditor?
lame			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street		 	Part 2: Creditors with Nonpriority Unsecured Claims
			Last 4 digits of account number
Dity	State	ZIP Code	
lame			On which entry in Part 1 or Part 2 did you list the original creditor?
Number Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured
Market		WARREST TE TE TE TE TO THE TE	Claims
Dity	State	ZIP Code	Last 4 digits of account number

Case 18-25029 Doc 1 Filed 09/05/18 Entered 09/05/18 10:02:34 Document Page 32 of 61 Fill in this information to identify your case: Debtor Debtor 2 (Spouse If filing) First Name Last Nami United States Bankruptcy Court for the: Northern District of Illinois Check if this is an Case number (If known) amended filing Official Form 106G Schedule G: Executory Contracts and Unexpired Leases 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known). 1. Do you have any executory contracts or unexpired leases? No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B). 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases. State what the contract or lease is for Person or company with whom you have the contract or lease 2.1 Name Number Street City State ZIP Code Name Number Street ZIP Code State City 2.3 Name Number ZIP Code City Name Number Street State ZIP Code City 2.5 Name

ZIP Code

State

Number

City

Street

Case 18-25029 Doc 1	Filed, 09/05/18	Entered 09/05/18 10:02:34 Page 33 of 61 number (#known)	Desc Main
Sharee Latura	MD de Gurden f	Page 33 of 61	
First Name Middle Name Last	Name	Case number (if known)	

	जन्म । जन्म		. age ii Tou	mave more co	ontracts or Leas	es				
	Person	or company	with whom ye	ou have the con	tract or lease		What the contract or	lease is for		
2.2					~					
	Name									
	Number	Street				·				
	City	······································	State	ZIP Code						
2	arana ana ana ana ana ana ana ana ana an	Ar was specified to the same of the specified of the same of the s	and the second s	den er international gamen og stor i promisier in step i registre for en er formi	- Comment - Comment of the Comment	en di Probabilità della distributa di probabili di serie della distributa di serie della distributa di serie d I	ой нутванную Соверхийн того ў Соруб на Этайнандару пай мараг (1567 г.). У пашайну тайца на фаррацыя на на	999	·	*
	Name	:				*********				
	Number	Street				·····			•	
	City		State	ZIP Code						
2	PROBLEM PROCESSES BARBORAPES	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED AND ADDRESS	. Marie and the second and the secon		·	**************************************	nager-den de vergeter geweine der vergeter der einer Der de vergeter der der ser der der der der der der der d	·		
	Name					···········				
	Number	Street				···				
	City	· · · · · · · · · · · · · · · · · · ·	Ptota	710.0		···				
		The the same by factor and the same is the same of the	State	ZIP Code	ang aliku ka mangan aliku ka mangan ka ka mangan ka manan ka m			AP LANCE AND A STATE OF THE STA		
	Name									
	Number	Street		•						
	City	which had plant branching and	State	ZIP Code		_				
╛.	<u> </u>				The state of the s	and the second state of the second	ره چې نومان د د د د د د د د د د د د د د د د د د د	anne de la companya d	M/14800 dille harparinket que que qui dela mende Certa	n de commente de la commentación d La commentación de la commentación
i	Vame									
Ī	Vumber	Street								
<u>-</u>	ity		State	ZIP Code		-				
<u> </u>		The state of the s		د الله الله الله الله الله الله الله الل	en der en	ى <u>ت</u> ەرىدە. دىنىسىدەشلاھلە دە -	New companies (Spirite Serve & Lawrence), about the policy (Spirite Serve)	The second property of	and appropriate the second of	
N	lame					<u></u>			4	
N	umber	Street			· · · · · · · · · · · · · · · · · · ·	-				
Ċ	ity		State	ZIP Code		-				
-	rans with water a same	oten, oppie opie omender nergange <u>de</u>	ويوادانها والمتاونة والمتاونة والمتعادية والمتعادية والمتاونة والمتاونة والمتاونة والمتاونة والمتاونة والمتاونة	eteren dikenteran menteperangan menterangan penjanyan dangan pe	and a to deterministic or fundamentalistics. In the party was productive desired, private	manania (Aprila) di dina di di	· · · · · · · · · · · · · · · · · · ·	Pilipin - Marian Abanda da La Cara da La Cara da La Cara da La Cara da Cara da Cara da Cara da Cara da Cara da -		
N	ame			***************************************		•				
Ñ	umber	Street					٠			
Ci	ty		State	ZIP Code						
orae st.	ng campanapateng tiga ya	Sees over 1.1 a Milliothers tenundaring	o attividade en alla encludade e sico entre etteradorichen america	l desperante de la companya del la companya de la c	nanti kandili sadi libera-dili Pilinangili (ili dakata tan	. Maringdon and company supply the gard	ر معلیت کرد و مصل است. به این دارد و این در این در این میشود در این میشود و میشود این این میشود. این این میشود در معلیت کرد و میشود کرد و میشود این در این در این در این در این میشود کرد و میشود کرد و میشود کرد و میشود کرد	on mand the green of the sequence of the seque	o Marie (1918), o planting, indignative planting	NGA SARASANA AYAN MARKANIN MA
Na	ıme	`,			·					
Nu	mber	Street								
Cit	y .		State	ZIP Code						
ar ar ar si	an effect - a table May	digential of the company of the control of the cont	angeler is to a college college to the college to t	and a second	and the second s	ومتواند ويتسفونانون والإرزامات مغا	ر ورسته در در می در	alian kana dan mendakan dan dan <mark>dan dan kelalah dan mend</mark> alah	# \### : 4 . 	en e

Case 18-25029 Doc 1 Filed 09/05/18 Entered 09/05/18 10:02:34 Desc Main Document Page 34 of 61

Fill in this information to identify your case:

Debtor 1 Sharee Latsha Williams

Debtor 2 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois

Case number

Official Form 106H

(if known)

Schedule H: Your Codebtors

12/15

Check if this is an amended filing

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

		ors? (If you are filing a joint case, do no	t list either spouse	as a codebtor.)
2. Witl	hin the last 8 years, h	nave you lived in a community proper Louisiana, Nevada, New Mexico, Puert	ty state or territor to Rico, Texas, Wa	y? (Community property states and territories include shington, and Wisconsin.)
	No. Go to line 3.			
		former spouse, or legal equivalent live	with you at the time	9?
	□ No			
į	Yes. In which come	munity state or territory did you live?		Fill in the name and current address of that person.
	Name of your spouse, for	ormer spouse, or legal equivalent		
	Number Street			
	City	State	ZiP Code	.
2 12.0	aluma di Nadalli adi			or if your spouse is filing with you. List the person
Sch	edule E/F, or Schedu lumn 1: Your codebto	le G to fill out Column 2.	·	ule G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debt
3.1			•	Check all schedules that apply:
	me		·	Schedule D, line
				☐ Schedule E/F, line
Nu	mber Street	-		☐ Schedule G, line
City	v	State	ZIP Code	- A - A - A - A - A - A - A - A - A - A
3.2				
Nar	me		***************************************	Schedule D, line
Nur	mber Street			Schedule E/F, line
				☐ Schedule G, line
City	<u> </u>	State	ZIP Code	
3.3				Schedule D, line
Nar	me			☐ Schedule E/F, line
Nur	mber Street	4	· · · · · · · · · · · · · · · · · · ·	Schedule G, line
City	,	State	710 0-22	
Oity	t en	Julie	ZIP Code	менения в принципальный принци

Case 18-25029 Doc 1 Filed 09/05/18 Entered 09/05/18 10:02:34 Desc Main

Share Latisha Williams Last Name Page 35 of 61 mmber (# known)

	Column 1: Your o	codebtor		Column 2: The creditor to whom you owe the	debt
<u> </u>				Check all schedules that apply:	
3_	·			_ Schedule D, line	
	Name			☐ Schedule E/F, line	
	Number Stree	at i		Schedule G, line	
	City	State	ZIP Code		
3	-			_ Schedule D, line	
	Name			Schedule E/F; line	
	Number Stree	31		Schedule G, line	
		•			
	City	State	ZIP Code		
3				Cabadida D. Kaa	
	Name			Schedule D, line	
	,			Schedule G, line	
	Number Stree	t .		Ochedate O, into	
	City	State	ZIP Code		
3	-		наунинай намад научай и тар адаруыны это, тойдан маан дау, аларан алуын дауды этондар, дааг дауды даагдаруу а -		or other continuous or
	Name			Schedule D, line	
				Schedule E/F, line	
	Number Street	T .	***************************************	Schedule G, line	
3	City	State	ZiP Code	The second secon	
	Name			Schedule D, line	
	, vario			☐ Schedule E/F, line	
	Number Street	t		Schedule G, line	
	·			_	
	City	State	ZIP Code		
3				Schedule D, line	
	Name			☐ Schedule E/F, line	
	Number Street	t .		Schedule G, line	
	. •				
	City	State	ZIP Code		
3				Schedule D, line	
	Name	·		☐ Schedule E/F, line	
	Number Street			Schedule G, line	
	City	State	ZIP Code		
لنا				Schedule D, line	
	Name			☐ Schedule E/F, line	
	Number Street			Schedule G, line	
	Suest			- Advirtinger amount	
	City	State	ZIP Code	•	

Case 18-25029 Doc 1 Filed 09/05/18 Entered 09/05/18 10:02:34 Desc Main Document Page 36 of 61 Fill in this information to identify your case: williams Debtor 1 Debtor 2 (Spouse, if filing) First Name United States Bankruptcy Court for the: Northern District of Illinois Case number Check if this is: (If known) An amended filing A supplement showing postpetition chapter 13 income as of the following date: Official Form 106l MM / DD / YYYY Schedule I: Your Income 12/15 Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: **Describe Employment** 1. Fill in your employment Debtor 2 or non-filing spouse information. Debtor 1 if you have more than one job, attach a separate page with **Employment status Employed** information about additional ■ Employed ☐ Not employed employers. □ Not employed Include part-time, seasonal, or self-employed work. Occupation Occupation may include student or homemaker, if it applies. t beyond Employer's name Employer's address Number Street City State ZIP Code 48 How long employed there? Part 2: **Give Details About Monthly Income** Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay.

Official Form 106I

Calculate gross income. Add line 2 + line 3.

Debtor 1

Case 18-25029 Doc 1 Filed 09/05/18 Entered 09/05/18 10:02:34 Desc Main Page 37 of 61

First Name Middle Name Last Name Case number (if Anown)

	to APP and and a common speciments	For Debtor 1	For Debtor 2 or non-filling spouse	
Copy line 4 here	→ 4.	\$	\$	
5. List all payroll deductions:				•
5a. Tax, Medicare, and Social Security deductions	5a.	\$	\$	
5b. Mandatory contributions for retirement plans	5b.	\$ &	\$	
5c. Voluntary contributions for retirement plans	5c.	\$ 43	S	
5d. Required repayments of retirement fund loans	5d.	\$ 6	\$	
5e. Insurance	5e.	\$ &	\$	
5f. Domestic support obligations	5f.	\$ &	\$	
5g. Union dues	5g.	\$_ <i>&</i>	\$	
5h. Other deductions. Specify:	5h.	+\$ -6	+ \$	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h	6.	\$	\$	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	\$	
8. List all other income regularly received:				
8a. Net income from rental property and from operating a business, profession, or farm				÷
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	s_ <i>&</i> _	\$	
8b. Interest and dividends	8b.	s Ø	\$	
8c. Family support payments that you, a non-filing spouse, or a depende regularly receive	ent	7	***************************************	
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	s 6.00	\$	
8d. Unemployment compensation	8d.	\$ <u> </u>	\$	
8e. Social Security	8e.	\$_ _	\$	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 6000 benefits	nce 8f.	s 642.00	\$	
8g. Pension or retirement income	8g.	s Θ	\$	
8h. Other monthly income. Specify:	-	+ \$	+ ¢	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$ 648,00	\$	
10 Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.	10.	\$648.00+	\$	\$
11. State all other regular contributions to the expenses that you list in Sched Include contributions from an unmarried partner, members of your household, y friends or relatives.	our dep			
Do not include any amounts already included in lines 2-10 or amounts that are r Specify:			es listed in <i>Schedule J.</i> 11. †	\$
12. Add the amount in the last column of line 10 to the amount in line 11. The r Write that amount on the Summary of Your Assets and Liabilities and Certain St	result is	the combined month	hly income. blies 12.	\$ 648.00
13. Do you expect an increase or decrease within the year after you file this fo	orm?			monthly income
Yes. Explain:				

Case 18-25029 Doc 1 Filed 09/05/18 Entered 09/05/18 10:02:34 Page 38 of 61 Document Fill in this information to identify your case: Debtor 1 Check if this is: Debtor 2 (Spouse, if filing) First Name Middle Name An amended filing ☐ A supplement showing postpetition chapter 13 United States Bankruptcy Court for the: Northern District of Illinois expenses as of the following date: Case number (If known) MM / DD / YYYY Official Form 106J Schedule J: Your Expenses 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: **Describe Your Household** 1. Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a separate household? Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? ☐ No Dependent's relationship to Do not list Debtor 1 and Dependent's Yes. Fill out this information for Does dependent live Debtor 1 or Debtor 2 Debtor 2 age with you? each dependent..... Do not state the dependents' ☐ No names. ☐ Yes □ No quardian co ☐ No ☐ No ☑ Yes O No ☐ Yes Do your expenses include No. expenses of people other than ☐ Yes yourself and your dependents? **Estimate Your Ongoing Monthly Expenses** Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.) Your expenses The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: Real estate taxes 4a Property, homeowner's, or renter's insurance 4b.

Official Form 106J

Home maintenance, repair, and upkeep expenses

Homeowner's association or condominium dues

4c.

4d.

Case 18-25029 Doc 1 Filed 09/05/18 Entered 09/05/18 10:02:34 Desc Main Document Page 39 of 61

Debtor 1

First Name Middle	Name	Last Name	
Doard.	1	Williams	

Case number (if known)

-			Your expenses
*	5. Additional mortgage payments for your residence, such as home equity loans	5 .	\$&
;	6. Utilities:		
	6a. Electricity, heat, natural gas	6а	s 130.00
	6b. Water, sewer, garbage collection	. 6b.	
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	s 400:00
:	6d. Other, Specify:	6d.	\$ 0
į 7	7. Food and housekeeping supplies	7.	s 40.00
. 8	Childcare and children's education costs	8.	s 50 ∞
: 9	Clothing, laundry, and dry cleaning	9.	s 40.00
10	Personal care products and services	10.	\$ 40.00
11.	Medical and dental expenses	11.	s - O
12	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	s_70.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	s -0
14.	Charitable contributions and religious donations	14.	\$
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	. 2AOO
	15b. Health insurance	15b.	
	15c. Vehicle insurance	15c.	10197 BB 8W
	15d. Other insurance. Specify:	15d.	\$
6.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	s
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a.	50518-54 sa
	17b. Car payments for Vehicle 2	17b.	s 👄
	17c. Other. Specify:	17c.	s
	17d. Other. Specify:	17d.	\$
8.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$
9.	Other payments you make to support others who do not live with you.		
	Specify:	19.	s —
0.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom.	ie.	
	20a. Mortgages on other property	20a.	sO
	20b. Real estate taxes	20b.	\$ 0
	20c. Property, homeowner's, or renter's insurance	20c.	s_ <i>O</i>
	20d. Maintenance, repair, and upkeep expenses	20d.	\$
	20e. Homeowner's association or condominium dues	20e.	\$ 0

Other. S	Specify:	21.	+\$
Calculat	te your monthly expenses.		RO2.00 8W
22a. Add	l lines 4 through 21.	22a.	\$ 3,862-13
22b. Cor	by line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22 b.	\$
22c. Add	l line 22a and 22b. The result is your monthly expenses.	22c .	s 500,00
alculate	your monthly net income.		<i>P</i>
3a. Co	by line 12 (your combined monthly income) from Schedule I.	23a.	\$
3b. Cop	by your monthly expenses from line 22c above.	23b.	-s 1502.00
	otract your monthly expenses from your monthly income. e result is your monthly net income.	23c .	\$
o you e	xpect an increase or decrease in your expenses within the year after you file this for	m?	
ortgage	ple, do you expect to finish paying for your car loan within the year or do you expect your payment to increase or decrease because of a modification to the terms of your mortgage	?	
No. Yes.	Explain here:		

Case 18-25029 Doc 1 Filed 09/05/18 Entered 09/05/18 10:02:34 Desc Main Document Page 40 of 61

Case number (# known)_

Case 18-25029 Doc 1 Filed 09/05/18 Entered 09/05/18 10:02:34 Desc Main Document Page 41 of 61

Fill in this information to identify	your case:		•	
Debtor 1 Shatee	Latisha William	Check if this	n ie:	
First Name Debtor 2	Middle Name Last Name			
(Spouse, if filing) First Name	Middle Name (Last Name	An amer	· ·	petition chapter 13
United States Bankruptcy Court for the:	Northern District of Illinois		s as of the following	
Case number (If known)		MM / DD	/ YYYY	
Official Form 106J-2	.			
Schedule J-2: E	Expenses for Sepa	rate Household	of Debtor	2 12/15
Debtor 2 have one or more dependently with respect to expenses for needed, attach another sheet to the question. Part 1: Describe Your Hou	eparate households?	ts on both Schedule J and this for thedule J. Be as complete and a	orm. Answer the qui ccurate as possible.	estions on this form If more space is
No. Do not complete this fo	rm.			
2. Do you have dependents?	☐ No	Dependent's relationship to	Dependent's	Does dependent live
Do not list Debtor 1 but list all other dependents of Debtor 2	Yes. Fill out this information for	Debtor 2:	age	with you?
regardless of whether listed as a dependent of Debtor 1 on	each dependent			□ No □ Yes
Schedule J. Do not state the dependents'				☐ No
names.			-	Yes
				☐ No ☐ Yes
				O No
				Yes
				☐ No
na pravanjama, sa mula wala samula samuna manan manan manan sa				☐ Yes
3. Do your expenses include expenses of people other than yourself, your dependents, and Debtor 1?	☐ No ☐ Yes			
		etti taasittiin taati ohteetti saateettiin taateettiin järintyi 1921 tili 1920. ja saan tassaan koolojitti tää		elmen en ^{te} mber melembent i skungung yang pangung yang yan yan sahiham sayaha sabah bajunlaha n
	ng Monthly Expenses			
Estimate your expenses as of your expenses as of a date after the ban	bankruptcy filing date unless you a kruptcy is filed.	re using this form as a suppleme	ent in a Chapter 13 c	ase to report
Include expenses paid for with non	ı-cash government assistance if you	know the value of		
	it on Schedule I: Your Income (Office	•	Your expe	nses
 The rental or home ownership e any rent for the ground or lot. 	expenses for your residence. Include	first mortgage payments and	4. \$	
If not included in line 4:				
4a. Real estate taxes			4a. \$	· · · · · · · · · · · · · · · · · · ·
4b. Property, homeowner's, or re	enter's insurance		4b. \$	
4c. Home maintenance, repair,	and upkeep expenses		4c. \$	The state of the s
4d. Homeowner's association or	condominium dues		4d. \$	

Case 18-25029 Doc 1 Filed 09/05/18 Entered 09/05/18 10:02:34 Desc Main

Document

Page 42 of 61

Debtor 1

Case number (if known)

			Your expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a.	\$
	6b. Water, sewer, garbage collection	6b.	\$
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$
	6d. Other. Specify:	6d.	\$
7.		7.	\$
8.	Childcare and children's education costs	8.	\$
9.	Clothing, laundry, and dry cleaning	9.	\$
10.	Personal care products and services	10.	\$
11.	Medical and dental expenses	11.	\$
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$
14.	Charitable contributions and religious donations	14.	\$
15,	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	\$
	15b. Health insurance	15b.	\$
	15c. Vehicle insurance	15c.	\$
	15d. Other insurance. Specify:	15d.	\$
6.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$
17.			
	17a. Car payments for Vehicle 1	470	\$
	17b. Car payments for Vehicle 2	17a.	_
	17c. Other. Specify:	17b. 17c.	\$
	17d. Other. Specify:	17d.	\$
		170.	·
8.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$
	Other payments you make to support others who do not live with you.		
	Specify:	19.	\$
0.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income	е.	
	20a. Mortgages on other property	20a.	\$
	20b. Real estate taxes	20b.	\$
	20c. Property, homeowner's, or renter's insurance	20c.	\$
	20d. Maintenance, repair, and upkeep expenses	20d.	\$
	20e. Homeowner's association or condominium dues	20e.	\$

Entered 09/05/18 10:02:34 Desc Main Filed 09/05/18 Page 43 of 61 Debtor 1 Other. Specify: Your monthly expenses. Add lines 5 through 21. The result is the monthly expenses of Debtor 2. Copy the result to line 22b of Schedule J to calculate the total expenses for Debtor 1 and Debtor 2. 22. 23. Line not used on this form. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? ☐ No. Yes. Explain here:

Case 18-25029 Doc 1 Filed 09/05/18 Entered 09/05/18 10:02:34 Desc Main Document Page 44 of 61

Fill in this in	formation to ide	ntify your case:	
Debtor 1	Share First Name	Lettshu Middle Name	Williams
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States i	Bankruptcy Court for	rthe: Northern District o	f Illinois
Case number (If known)			·

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

you pay or agree to pay someone w	ho is NOT an attorney to help you fill out bankruptcy forms?
No Year Marie Control	Attach Bankruptcy Petition Preparer's Notice, Declaration, and
Yes. Name of person	Signature (Official Form 119).
•	
	have read the summary and schedules filed with this declaration and
	have read the summary and schedules filed with this declaration and
they are true and correct.	have read the summary and schedules filed with this declaration and
ier penalty of perjury, I declare that I they are true and correct. Show William	

Case 18-25029 Doc 1 Filed 09/05/18 Entered 09/05/18 10:02:34 Desc Main Document Page 45 of 61

Debtor 1 Share Lathsha Wallbams First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois Case number (If known)	Fill in this in	formation to iden	itify your case:	
Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois Case number	Debtor 1			williams
United States Bankruptcy Court for the: Northern District of Illinois Case number				
Case number	(Spouse, if filing)			
		Bankruptcy Court for t	the: Northern District of I	llinois

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct

What is your current marital status?	•		
Married Not married			
During the last 3 years, have you lived anywho	ere other than where y	ou live now?	
Yes. List all of the places you lived in the last	3 years. Do not include	where you live now.	
Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
		Same as Debtor 1	Same as Debtor
9158 S. Green Wood	<u>d</u> From <u>2015[™]</u>	۸	From
1St A	To <u>adl B</u>	Number Street	То
Chicagon It 60%	19 84		-
City State ZIP Code		City State ZIP Code	in and principle is write that the second principle is writer that the second principle is the second principle in the second
Ula is acth of		☐ Same as Debtor 1	Same as Debtor
Number Street	From <u>8009</u>	Number Street	From
APT IA	то <u>дог5</u>		То
0090 76 6068	0		-
City State ZIP Code	www.m.	City State ZIP Code	•

Part 2: Explain the Sources of Your Income

Filed 09/05/18 Entered 09/05/18 10:02:34 Desc Main Page 46 of 61 Debtor 1 Case number (if known) 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes. Fill in the details. Detitor 2 Sources of income Gross income Sources of Income Gross income Check all that apply. (before deductions and Check all that apply (before deductions and exclusions) exclusions) Wages, commissions, From January 1 of current year until ☐ Wages, commissions, bonuses, tips the date you filed for bankruptcy: bonuses, tips Operating a business Operating a business ☐ Wages, commissions, For last calendar year: Wages, commissions, (January 1 to December 31, bonuses, tips bonuses, tips Operating a business Operating a business ☐ Wages, commissions, For the calendar year before that: Wages, commissions, (January 1 to December 31, bonuses, tips bonuses, tips Operating a business 5. Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. ☐ No Yes. Fill in the details. Debtor 2 Sources of Income Gross income from Sources of income Gross income from Describe below. each source Describe below. each source (before deductions and (before deductions and exclusions) exclusions) From January 1 of current year until the date you filed for bankruptcy:

For last calendar year: (January 1 to December 31)

For the calendar year before that: (January 1 to December 31, _____ Case 18-25029 Doc 1 Filed 09/05/18 Entered 09/05/18 10:02:34 Desc Main Document Page 47 of 61

Debtor 1

rst Name	Middle Name	last Name
5ha	rll	Williams

Case number (if known)_

ither	Debtor 1's or Debtor 2's debts primarily	consumer de	bts?		
lo. N	leither Debtor 1 nor Debtor 2 has primari ncurred by an individual primarily for a pers	ly consumer c	lehts. Consumer dehts	are defined in 11 U.S.C. § 1	01(8) as
	ouring the 90 days before you filed for bankr			of \$6.425* or more?	
	No. Go to line 7.		pay any arounds a total	or yo, 420 or more:	
5	Yes. List below each creditor to whom yo total amount you paid that creditor. I child support and alimony. Also, do i				
* (Subject to adjustment on 4/01/19 and every	3 years after t	hat for cases filed on or	after the date of adjustment	
	ebtor 1 or Debtor 2 or both have primarily				•
	uring the 90 days before you filed for bankru			- 6 0000	
	•	ipicy, dia you p	day any creditor a total c	of \$600 of more?	
عو	No. Go to line 7.			•	
Sh	Yes. List below each creditor to whom you creditor. Do not include payments for alimony. Also, do not include paymer	COURSING STROIT	DOLL DURGALIVE CITY A	C Child support and	
	aminory, 7 400, do not analide paymen	Dates of	·		
		payment	Total amount paid	Amount you still owe	Was this payment fo
	Creditor's Name		\$		☐ Mortgage
	Creditor's Iganie	•			Car
	Number Street				Credit card
					Credit card
	Transport Officer				D
	- Color	**************************************			Loan repayment
		·····			Suppliers or vend
	City State ZIP Code				
			n en	· · · · · · · · · · · · · · · · · · ·	Suppliers or vend
			\$	\$\$	Suppliers or vend
	City State ZIP Code	THE RESIDENCE OF THE PARTY OF T	\$	\$	Suppliers or vend
	City State ZIP Code		\$	\$	Suppliers or vend Other Mortgage
	City State ZIP Code Creditor's Name		\$	\$\$	☐ Suppliers or vend ☐ Other ☐ Mortgage ☐ Car
	City State ZIP Code Creditor's Name		\$	\$	Other Mortgage Car Credit card Loan repayment
	City State ZIP Code Creditor's Name		\$	\$	Suppliers or vend Other Mortgage Car Credit card Loan repayment Suppliers or vendo
	City State ZIP Code Creditor's Name Number Street		\$	\$	Other Mortgage Car Credit card Loan repayment
	City State ZIP Code Creditor's Name Number Street		\$	\$	Suppliers or vend Other Mortgage Car Credit card Loan repayment Suppliers or vendo
	City State ZIP Code Creditor's Name Number Street City State ZIP Code		\$	\$\$	Suppliers or vend Other Mortgage Car Credit card Loan repayment Suppliers or vendo Other
	City State ZIP Code Creditor's Name Number Street		\$	\$\$	☐ Suppliers or vendo ☐ Other ☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendo ☐ Other ☐ Mortgage
	City State ZIP Code Creditor's Name Number Street City State ZIP Code		\$\$	\$\$	Suppliers or vendo Other Mortgage Car Loan repayment Suppliers or vendo Other Mortgage Car
	Creditor's Name Number Street City State ZIP Code Creditor's Name		\$	\$\$	Suppliers or vendo Other Mortgage Car Loan repayment Suppliers or vendo Other Mortgage Car Credit card Credit card Country Country Country Country Car Credit card
	Creditor's Name Number Street City State ZIP Code Creditor's Name		\$	\$\$	☐ Suppliers or vendo ☐ Other ☐ Mortgage ☐ Car ☐ Loan repayment ☐ Suppliers or vendo ☐ Other ☐ Mortgage ☐ Car

Filed 09/05/18 Entered 09/05/18 10:02:34 Desc Main Document Page 48 of 61 Debtor 1 Case number (if) 7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No No Yes. List all payments to an insider. Dates of Total amount Amount you still Reason for this payment payment paid Insider's Name Number Street insider's Name Number Street State ZIP Code 8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited include payments on debts guaranteed or cosigned by an insider. M No Yes. List all payments that benefited an insider. Dates of Total amount Amount you still Reason for this payment payment paid Include creditor's name Insider's Name Insider's Name

City

ZIP Code

Case 18-25029 Doc 1 Filed 09/05/18 Entered 09/05/18 10:02:34 Desc Main Document Page 49 of 61

Document

Sharee Latisha Williams

First Name Middle Name Last Name

thin 1 year before you filed for bar it all such matters, including personal d contract disputes.					
No					
Yes. Fill in the details.					en e
	Natur	e of the case	Court or agency		Status of the case
		recognise in the species are seen as the con-			
Case title			Court Name		Pending
					On appeal
			Number Street		☐ Concluded
					
Case number			City	State ZIP Code	
and the second control of the contro			and the second s	a secure of the control of security about any for the control of the field	occupants that you capable the too is the electromer of a book of state is to
·					Pending
Case title			Court Name		=
					On appeal
			Number Street		☐ Concluded
Case number					
			City	State ZiP Code	
No. Go to line 11. Yes. Fill in the information below.		Provide the con-			
		Describe the prop	erty	Date	Value of the property
		Describe the prop	erty	Date	Value of the property
		Describe the prop	erty	Date	Value of the property
Yes. Fill in the information below.				Date	Value of the property
Yes. Fill in the information below.				Date	Value of the property
Yes. Fill in the information below.		Explain what happ	pened s repossessed	Date	Value of the property
Yes. Fill in the information below.		Explain what happed Property was	pened s repossessed. s foreclosed.	Date	Value of the property
Yes. Fill in the information below. Creditor's Name Number Street		Explain what happ Property was Property was	pened s repossessed. s foreclosed. s garnished.		Value of the property
Yes. Fill in the information below.	ZIP Code	Explain what happ Property was Property was	pened s repossessed. s foreclosed.		Value of the property
Yes. Fill in the information below. Creditor's Name Number Street	ZIP Code	Explain what happ Property was Property was	nened s repossessed, s foreclosed, s garnished, s attached, seized, or levie		\$
Yes. Fill in the information below. Creditor's Name Number Street	ZIP Code	Explain what happed Property was Property was Property was Property was	nened s repossessed, s foreclosed, s garnished, s attached, seized, or levie	ed.	\$
Yes. Fill in the information below. Creditor's Name Number Street	ZIP Code	Explain what happed Property was Property was Property was Property was	nened s repossessed, s foreclosed, s garnished, s attached, seized, or levie	ed.	\$
Yes. Fill in the information below. Creditor's Name Number Street	ZIP Code	Explain what happed Property was Property was Property was Property was	nened s repossessed, s foreclosed, s garnished, s attached, seized, or levie	ed.	\$
Yes. Fill in the information below. Creditor's Name Number Street City State	ZIP Code	Explain what happed Property was Property was Property was Property was	nened s repossessed, s foreclosed, s garnished, s attached, seized, or levie	ed.	\$
Yes. Fill in the information below. Creditor's Name Number Street City State	ZIP Code	Explain what happ Property was Property was Property was Property was Describe the property	pened s repossessed. s foreclosed. s garnished. s attached, seized, or levice	ed.	\$
Yes. Fill in the information below. Creditor's Name Number Street City State	ZIP Code	Explain what happ Property was Property was Property was Property was Explain what happ	s repossessed, s foreclosed, s garnished, s attached, seized, or levie	ed.	\$
Yes. Fill in the information below. Creditor's Name Number Street City State	ZIP Code	Explain what happ Property was Property was Property was Property was Explain what happ Explain what happ	pened s repossessed. s foreclosed. s garnished. s attached, seized, or levice erty ened	ed.	\$
Yes. Fill in the information below. Creditor's Name Number Street City State	ZIP Code	Explain what happ Property was Property was Property was Property was Describe the property Explain what happ Property was Property was	s repossessed. s foreclosed. s garnished. s attached, seized, or levie srty ened s repossessed.	ed.	Value of the property \$ Value of the property
Yes. Fill in the information below. Creditor's Name Number Street City State	ZIP Code	Explain what happ Property was Property was Property was Property was Explain what happ Property was Property was Property was Property was Property was	s repossessed. s foreclosed. s garnished. s attached, seized, or levie srty ened s repossessed.	ed. Date	\$

Case 18-25029 Doc 1 Filed 09/05/18 Entered 09/05/18 10:02:34 Desc Main Document Page 50 of 61

Sharel Latha Williams Case number (# known)

ccounts or refuse to make a payment b	ecause you owed a debt?		6.1
No.			
Yes. Fill in the details.		•	
	Describe the action the creditor took	Date action was taken	Amount
Creditor's Name		1	Carlos Salata Nova
-			_
Number Street			\$
:			
City State ZIP Code	Last 4 digits of account number: XXXX		
No	otcy, was any of your property in the possession of a ustodian, or another official?	an assignee for the bene	fit of
Yes			
Link Contain City and Contain			
List Certain Gifts and Contrib	utions		
No Yes. Fill in the details for each gift.	ptcy, did you give any gifts with a total value of more		
No	ptcy, did you give any gifts with a total value of more Describe the gifts	e than \$600 per person? Dates you gave the gifts	Value
No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600		Dates you gave	Value
No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person		Dates you gave	Value \$
No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person		Dates you gave	Value \$
No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person		Dates you gave	Value \$ \$
No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift		Dates you gave	Value \$
No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift		Dates you gave	Value \$ \$
Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift		Dates you gave	Value \$\$
Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Jumber Street State ZIP Code		Dates you gave	Value \$
Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Tumber Street		Dates you gave	Value \$\$
Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Lumber Street Street ZIP Code erson's relationship to you ifts with a total value of more than \$600		Dates you gave the gifts	Value \$ \$ Value
Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Jumber Street Street State ZIP Code erson's relationship to you ifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	\$\$
Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Jumber Street Street ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	\$\$
Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Jumber Street Stry State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 er person	Describe the gifts	Dates you gave the gifts	\$\$
Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Jumber Street Stry State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 er person	Describe the gifts	Dates you gave the gifts	\$\$
Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Jumber Street Street ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	\$\$
Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Jumber Street Street State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person erson to Whom You Gave the Gift	Describe the gifts	Dates you gave the gifts	\$\$
Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Jumber Street Street Street ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift	Describe the gifts	Dates you gave the gifts	\$\$
Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift	Describe the gifts	Dates you gave the gifts	\$\$

		. 53.	1 1				
btor 1	Sharee U	o W/1	117ms	Case numbe	₹Γ (if known)		
ė	risi Name Middle	Name Las	st Name				
4. Withir	n 2 years before you	filed for bankru	ptcy, did you give any gif	ts or contributions with a t	otal value of more	than \$600 to any ch	arity
M M							
∟ Ye	es. Fill in the details fo	ir each gift or con	tribution.			• .	
	Sifts or contributions to hat total more than \$600		Describe what you contri	buted	Date you contribut		15 152
				A CHINE CONTRACTOR OF THE LEGISLAND AND AND AND AND AND AND AND AND AND			
Chi	arity's Name				**************************************	\$	
					THE CASE OF STREET		
						<u> </u>	
Nur	mber Street						
	:				THE PARTIES AND ADDRESS AND AD		
					d comment		
City	State ZiP C	Code	The second secon	Samanina pagapan mapapa pada - Apa da da manan manan ka - Apa mapapa basa ma - Apa mapapa basa ma - Apa mapapa Samanina pagapan mapapa pada - Apa da mapapa manan manan ka mapapa manan manan manan manan manan manan manan m			
	•						
art 6:	List Certain Los	ises		•			
disaste	1 year before you fil er, or gambling?	led for bankrupte	cy or since you filed for b	pankruptcy, did you lose an	lything because of	theft, fire, other	
No Yes	1 year before you file, or gambling? 5. Fill in the details. 5. Fill the property you were the loss occurred	·	Describe any Insurance co	overage for the loss	Date of yo loss urance		perty
Ole No	er, or gambling? 5. Fill in the details. Pacribe the property you withe loss occurred 2015	·	Describe any Insurance of Include the amount that insu	pverage for the loss trance has paid. List pending inside A/B: Property.	Date of yo loss	ur Value of proj	perty
No Yes	er, or gambling? S. Fill in the details. Pacific the property you withe loss occurred	u lost and 5 HYUNDEL	Describe any Insurance of Include the amount that insuchaims on line 33 of Schedul	overage for the loss urance has paid. List pending inside A/B: Property.	Date of yo loss	ur Value of proj	perty
No No De ho	er, or gambling? S. Fill in the details. Pacific the property you withe loss occurred	u lost and 5 HYUNDAU E lantra	Describe any insurance of include the amount that insuchains on line 33 of Schedul	overage for the loss urance has paid. List pending inside A/B: Property.	Date of yo loss	ur Value of proj	perty
No Yes De ho	er, or gambling? 5. Fill in the details. Secribe the property you now the loss occurred Constitution of the property you have the loss occurred. Constitution of the property you have the property you have the property of the property	u lost and 5 HYUNDEL E lan-tra nents or Trans	Describe any Insurance of Include the amount that insuchairs on line 33 of Schedu. Fers Ty, did you or anyone else or preparing a bankruptcy	poverage for the loss prance has paid. List pending inside A/B: Property. The Conference of the loss	Date of your loss Ulance Or transfer any pr	ur Value of project lost s operty to anyone	perty
No N	er, or gambling? 5. Fill in the details. Secribe the property you now the loss occurred Constitution of the property you have the loss occurred. Constitution of the property you have the property you have the property of the property	u lost and 5 HYUNDEL E lan-tra nents or Trans	Describe any Insurance of Include the amount that insuchairs on line 33 of Schedu. Fers Ty, did you or anyone else or preparing a bankruptcy	poverage for the loss urance has paid. List pending inside A/B: Property. COVERAGE acting on your behalf pay petition?	Date of your loss Ulance Or transfer any pr	ur Value of project lost s operty to anyone	perty
No N	er, or gambling? S. Fill in the details. Secribe the property you have the loss occurred Control C	u lost and 5 HYUNDEL E lan-tra nents or Trans	Describe any Insurance of Include the amount that insuchairs on line 33 of Schedu. Fers Ty, did you or anyone else or preparing a bankruptcy	poverage for the loss prance has paid. List pending inside A/B: Property. The property of the loss o	Date of yo loss Coladi Or transfer any pred in your bankrupt	Value of project s operty to anyone cy.	
No Yes	er, or gambling? S. Fill in the details. Secribe the property you have the loss occurred Control C	u lost and 5 HYUNDEL E lan-tra nents or Trans	Describe any Insurance of Include the amount that insuctains on line 33 of Schedule fers fers ry, did you or anyone else or preparing a bankruptcy parers, or credit counseling	poverage for the loss prance has paid. List pending inside A/B: Property. The property of the loss o	or transfer any pr	Value of project s operty to anyone cy.	
No Yes De ho	Signature of the property you with a loss occurred of the property you will be considered on the loss occurred of the loss occurred occurred of the loss occurred occurr	u lost and 5 HYUNDEL E lan-tra nents or Trans	Describe any Insurance of Include the amount that insuctains on line 33 of Schedule fers fers ry, did you or anyone else or preparing a bankruptcy parers, or credit counseling	poverage for the loss prance has paid. List pending inside A/B: Property. The property of the loss o	Date of yo loss Clo 201 Or transfer any pred in your bankrupt Date paymetransfer wa	Value of project s operty to anyone cy.	
No Yes De ho	er, or gambling? S. Fill in the details. Secribe the property you withe loss occurred Color Shown List Certain Paym 1 year before you file insulted about seekin any attorneys, bankru Fill in the details.	u lost and 5 HYUNDEL E lan-tra nents or Trans	Describe any Insurance of Include the amount that insuctains on line 33 of Schedule fers fers ry, did you or anyone else or preparing a bankruptcy parers, or credit counseling	poverage for the loss prance has paid. List pending inside A/B: Property. The property of the loss o	Date of yo loss Clo 201 Or transfer any pred in your bankrupt Date paymetransfer wa	Value of project s operty to anyone cy.	
No Yes De ho	Signature of the property you with a loss occurred of the property you will be considered on the loss occurred of the loss occurred occurred of the loss occurred occurr	u lost and 5 HYUNDEL E lan-tra nents or Trans	Describe any Insurance of Include the amount that insuctains on line 33 of Schedule fers fers ry, did you or anyone else or preparing a bankruptcy parers, or credit counseling	poverage for the loss prance has paid. List pending inside A/B: Property. The property of the loss o	Date of yo loss Clo 201 Or transfer any pred in your bankrupt Date paymetransfer wa	Value of project s operty to anyone cy.	
No Yes De ho	er, or gambling? S. Fill in the details. Secribe the property you now the loss occurred Consider Apple List Certain Paym 1 year before you file insulted about seekin any attorneys, bankru Fill in the details. Son Who Was Paid	u lost and 5 HYUNDER E lan-tra nents or Transfed for bankruptcy or uptcy petition prep	Describe any Insurance of Include the amount that insuctains on line 33 of Schedule fers fers ry, did you or anyone else or preparing a bankruptcy parers, or credit counseling	poverage for the loss prance has paid. List pending inside A/B: Property. The property of the loss o	Date of yo loss Clo 201 Or transfer any pred in your bankrupt Date paymetransfer wa	Value of project s operty to anyone cy.	
De ho	er, or gambling? S. Fill in the details. Secribe the property you now the loss occurred Consider Apple List Certain Paym 1 year before you file insulted about seekin any attorneys, bankru Fill in the details. Son Who Was Paid	u lost and 5 HYUNDER E lan-tra nents or Transi ed for bankruptcy or uptcy petition prep	Describe any Insurance of Include the amount that insuctains on line 33 of Schedule fers fers ry, did you or anyone else or preparing a bankruptcy parers, or credit counseling	poverage for the loss prance has paid. List pending inside A/B: Property. The property of the loss o	Date of yo loss Clo 201 Or transfer any pred in your bankrupt Date paymetransfer wa	Value of project s operty to anyone cy.	
I No De ho D	er, or gambling? S. Fill in the details. Secribe the property you now the loss occurred Consider Apple List Certain Paym 1 year before you file insulted about seekin any attorneys, bankru Fill in the details. Son Who Was Paid	u lost and 5 HYUNDER E lan-tra nents or Transi ed for bankruptcy or uptcy petition prep	Describe any Insurance of Include the amount that insuctains on line 33 of Schedule fers fers ry, did you or anyone else or preparing a bankruptcy parers, or credit counseling	poverage for the loss prance has paid. List pending inside A/B: Property. The property of the loss o	Date of yo loss Clo 201 Or transfer any pred in your bankrupt Date paymetransfer wa	Value of project s operty to anyone cy.	

page 7

Case number (if know Description and value of any property transferred Date payment or Amount of transfer was made payment Person Who Was Paid Number Street ZIP Code Email or website address Person Who Made the Payment, if Not You 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. DI No Yes. Fill in the details. Description and value of any property transferred Date payment or Amount of payment transfer was made Person Who Was Paid Number Street State ZIP Code 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. D No Yes. Fill in the details. Describe any property or payments received or debts paid in exchange Description and value of property Date transfer transferred was made Person Who Received Transfer Number Street Person's relationship to you Person Who Received Transfer Number Street State ZIP Code Person's relationship to you

Case 18-25029

Doc 1

Filed 09/05/18

Document

Entered 09/05/18 10:02:34 Desc Main

Page 52 of 61

Entered 09/05/18 10:02:34 Desc Main Case 18-25029 Doc 1 Filed 09/05/18 Page 53 of 61 Document Case number (if kno Debtor 1 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) Yes. Fill in the details. Date transfer Description and value of the property transferred was made Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. D No Yes. Fill in the details. Last 4 digits of account number Date account was Last balance before Type of account or closing or transfer closed, sold, moved. instrument or transferred Name of Financial Institution ☐ Checking XXXX-☐ Savings Number Street Money market ☐ Brokerage ZIP Code Other_ ☐ Checking Name of Financial Institution ☐ Savings Money market Number Street Brokerage Other_ ZIP Code State 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No. Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have It? ☐ No

ZIP Code

Name

Number

City

Street

☐ Yes

City

Name of Financial Institution

State

ZIP Code

Number Street

Page 54 of 61 Document 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Who else has or had access to it? Describe the contents Do you still have K? O No Name of Storage Facility Name ☐ Yes Number Street City State ZIP Code Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. D_No Yes. Fill in the details. Where is the property? Describe the property Value Owner's Name Number Street State 7IP Code Part 10: Give Details About Environmental Information For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State ZIP Code

Doc 1

Filed 09/05/18

Entered 09/05/18 10:02:34 Desc Main

State

ZIP Code

Case 18-25029 Doc 1 Filed 09/05/18 Entered 09/05/18 10:02:34 Desc Main Document Page 55 of 61

Debtor 1

	· ·	Doddinon	1 age 00 01 01
Sharee	lattehe	Williams	
JIM W	in with	WINIFO	Case number (if known)
First Name	Middle Name	Last Name	

l No I Yes. Fill in the details.			
	Governmental unit	Environmental law, if you know it	Date of notice
			V
Name of site	Governmental unit	•	-
Number Street	Number Street		
	City State ZIP Code		
City State ZIP Code	Maryon .		
o you been a party in any judicial or	administrative proceeding under any e	initian obulant Cual tataona anti-	
ve you been a party in any judicial or a	administrative proceeding under any e	nvironmental law? Include settle	ments and orders.
Yes. Fill in the details.			
Part to the ree and an amount	Court or agency	Nature of the case	Status of th
		FREEDLY OF STATE CONTROL OF STATE OF	case
Case title	Court Name	-	☐ Pending
	Cour Name		On appe
	Number Street	- Comment of the Comm	☐ Conclud
		:	
	M444-6-		
	City State ZIP Code usiness or Connections to Any Br		
11: Give Details About Your Buthin 4 years before you filed for bankru	usiness or Connections to Any Buusiness or have uptcy, did you own a business or have d in a trade, profession, or other activi	any of the following connections ity, either full-time or part-time	
11: Give Details About Your Buthin 4 years before you filed for bankri A sole proprietor or self-employed A member of a limited liability cor	usiness or Connections to Any B	any of the following connections ity, either full-time or part-time	
hin 4 years before you filed for bankro A sole proprietor or self-employed A member of a limited liability cor A partner in a partnership	usiness or Connections to Any Bouptcy, did you own a business or have d in a trade, profession, or other activimpany (LLC) or limited liability partner	any of the following connections ity, either full-time or part-time	
hin 4 years before you filed for bankre A sole proprietor or self-employed A member of a limited liability cor A partner in a partnership An officer, director, or managing of	usiness or Connections to Any Bu uptcy, did you own a business or have d in a trade, profession, or other activi mpany (LLC) or limited liability partner executive of a corporation	e any of the following connections ity, either full-time or part-time rship (LLP)	
thin 4 years before you filed for bankre A sole proprietor or self-employed A member of a limited liability cor A partner in a partnership An officer, director, or managing of	usiness or Connections to Any Bouptcy, did you own a business or have d in a trade, profession, or other activimpany (LLC) or limited liability partner	e any of the following connections ity, either full-time or part-time rship (LLP)	
Give Details About Your Bethin 4 years before you filed for bankre A sole proprietor or self-employed A member of a limited liability cor A partner in a partnership An officer, director, or managing of An owner of at least 5% of the vot No. None of the above applies. Go to	usiness or Connections to Any Bruptcy, did you own a business or have d in a trade, profession, or other activimpany (LLC) or limited liability partner executive of a corporation ting or equity securities of a corporation Part 12.	e any of the following connections ity, either full-time or part-time iship (LLP)	
Give Details About Your Bethin 4 years before you filed for bankre A sole proprietor or self-employed A member of a limited liability cor A partner in a partnership An officer, director, or managing of An owner of at least 5% of the vot No. None of the above applies. Go to	usiness or Connections to Any Bu uptcy, did you own a business or have d in a trade, profession, or other activi mpany (LLC) or limited liability partner executive of a corporation ting or equity securities of a corporation Part 12.	e any of the following connections ity, either full-time or part-time rship (LLP) on	to any business?
Give Details About Your Bethin 4 years before you filed for bankre A sole proprietor or self-employed A member of a limited liability cor A partner in a partnership An officer, director, or managing An owner of at least 5% of the vot No. None of the above applies. Go to Yes. Check all that apply above and file	usiness or Connections to Any Bruptcy, did you own a business or have d in a trade, profession, or other activimpany (LLC) or limited liability partner executive of a corporation ting or equity securities of a corporation Part 12.	e any of the following connections ity, either full-time or part-time rship (LLP) on ss. Employer identifica	to any business?
fire Give Details About Your Behin 4 years before you filed for bankre A sole proprietor or self-employed A member of a limited liability cor A partner in a partnership An officer, director, or managing of An owner of at least 5% of the vot No. None of the above applies. Go to	usiness or Connections to Any Bu uptcy, did you own a business or have d in a trade, profession, or other activi mpany (LLC) or limited liability partner executive of a corporation ting or equity securities of a corporation Part 12.	e any of the following connections ity, either full-time or part-time rship (LLP) on ss. Employer identifica Do not include Soci	to any business? tion number al Security number or ITIN.
hin 4 years before you filed for bankre A sole proprietor or self-employer A member of a limited liability cor A partner in a partnership An officer, director, or managing of An owner of at least 5% of the vot No. None of the above applies. Go to Yes. Check all that apply above and fil	usiness or Connections to Any Bu uptcy, did you own a business or have d in a trade, profession, or other activi mpany (LLC) or limited liability partner executive of a corporation ting or equity securities of a corporation Part 12.	e any of the following connections ity, either full-time or part-time rship (LLP) on ss. Employer identifica	to any business? tion number al Security number or ITIN.
fire Give Details About Your Beachin 4 years before you filed for bankin A sole proprietor or self-employed A member of a limited liability cor A partner in a partnership An officer, director, or managing An owner of at least 5% of the vot No. None of the above applies. Go to Yes. Check all that apply above and file	usiness or Connections to Any Bu uptcy, did you own a business or have d in a trade, profession, or other activi mpany (LLC) or limited liability partner executive of a corporation ting or equity securities of a corporation Part 12.	e any of the following connections ity, either full-time or part-time rship (LLP) on ss. Employer identifica Do not include Soci	to any business? tion number al Security number or ITIN.
hin 4 years before you filed for bankre A sole proprietor or self-employed A member of a limited liability cor A partner in a partnership An officer, director, or managing of An owner of at least 5% of the vot No. None of the above applies. Go to Yes. Check all that apply above and file	usiness or Connections to Any Bu uptcy, did you own a business or have d in a trade, profession, or other activi mpany (LLC) or limited liability partner executive of a corporation ting or equity securities of a corporatio Part 12. ill in the details below for each business Describe the nature of the business	e any of the following connections ity, either full-time or part-time rship (LLP) on ss. Employer identifica Do not include Soci	to any business? tion number al Security number or ITIN.
Give Details About Your Buthin 4 years before you filed for bankre A sole proprietor or self-employed A member of a limited liability cor A partner in a partnership An officer, director, or managing An owner of at least 5% of the vot No. None of the above applies. Go to Yes. Check all that apply above and filesiness Name	usiness or Connections to Any Bu uptcy, did you own a business or have d in a trade, profession, or other activi mpany (LLC) or limited liability partner executive of a corporation ting or equity securities of a corporatio Part 12. ill in the details below for each business Describe the nature of the business	e any of the following connections ity, either full-time or part-time rship (LLP) on ss. Employer identifica Do not include Soci EIN: Dates business exist	to any business? tion number al Security number or ITIN.
Give Details About Your Buthin 4 years before you filed for bankre A sole proprietor or self-employed A member of a limited liability cor A partner in a partnership An officer, director, or managing An owner of at least 5% of the vot No. None of the above applies. Go to Yes. Check all that apply above and filesess Name	usiness or Connections to Any Br uptcy, did you own a business or have d in a trade, profession, or other activi mpany (LLC) or limited liability partner executive of a corporation ting or equity securities of a corporation Part 12. iil in the details below for each business Describe the nature of the business Name of accountant or bookkeeper	e any of the following connections ity, either full-time or part-time rship (LLP) on ss. Employer identifica Do not include Soci EIN: Dates business exis	tion number ial Security number or ITIN.
hin 4 years before you filed for bankri A sole proprietor or self-employed A member of a limited liability cor A partner in a partnership An officer, director, or managing of An owner of at least 5% of the vot No. None of the above applies. Go to Yes. Check all that apply above and file Business Name Number Street	usiness or Connections to Any Bu uptcy, did you own a business or have d in a trade, profession, or other activi mpany (LLC) or limited liability partner executive of a corporation ting or equity securities of a corporatio Part 12. ill in the details below for each business Describe the nature of the business Name of accountant or bookkeeper	e any of the following connections ity, either full-time or part-time rship (LLP) on ss. Employer identifica Do not include Soci EIN: Dates business exist From Employer identificat	tion number al Security number or ITIN.
thin 4 years before you filed for bankre A sole proprietor or self-employed A member of a limited liability cor A partner in a partnership An officer, director, or managing of An owner of at least 5% of the vot No. None of the above applies. Go to Yes. Check all that apply above and file Business Name	usiness or Connections to Any Br uptcy, did you own a business or have d in a trade, profession, or other activi mpany (LLC) or limited liability partner executive of a corporation ting or equity securities of a corporation Part 12. iil in the details below for each business Describe the nature of the business Name of accountant or bookkeeper	e any of the following connections ity, either full-time or part-time rship (LLP) on ss. Employer identifica Do not include Soci EIN: Dates business exist From Employer identificat	tion number ial Security number or ITIN.
thin 4 years before you filed for bankre A sole proprietor or self-employed A member of a limited liability cor A partner in a partnership An officer, director, or managing of An owner of at least 5% of the vot No. None of the above applies. Go to Yes. Check all that apply above and file Business Name City State ZIP Code Business Name	usiness or Connections to Any Br uptcy, did you own a business or have d in a trade, profession, or other activi mpany (LLC) or limited liability partner executive of a corporation ting or equity securities of a corporatio Part 12. ill in the details below for each busines Describe the nature of the business Name of accountant or bookkeeper Describe the nature of the business	e any of the following connections lity, either full-time or part-time riship (LLP) on SS. Employer identifica Do not include Social Ein: Employer identificat Do not include Social Ein: Employer identificat Do not include Social Ein:	tion number al Security number or ITIN.
City State ZIP Code	usiness or Connections to Any Bu uptcy, did you own a business or have d in a trade, profession, or other activi mpany (LLC) or limited liability partner executive of a corporation ting or equity securities of a corporatio Part 12. ill in the details below for each business Describe the nature of the business Name of accountant or bookkeeper	e any of the following connections lity, either full-time or part-time riship (LLP) on SS. Employer identifica Do not include Social Ein: Employer identificat Do not include Social Ein: Employer identificat Do not include Social Ein:	tion number ial Security number or ITIN.

Case number (if known) Employer Identification number Describe the nature of the business Do not include Social Security number or ITIN. **Business Name** Number Street **Dates business existed** Name of accountant or bookkeeper To From State ZIP Code 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Yes. Fill in the details below. Date issued MM / DD / YYYY Number Street ZIP Code Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Signature of Debtor 2 Date _ Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ☐ No Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? Attach the Bankruptcy Petition Preparer's Notice, Yes. Name of person_ Declaration, and Signature (Official Form 119).

Filed 09/05/18 Entered 09/05/18 10:02:34 Desc Main

Page 56 of 61

Doc 1

Case 18-25029 Doc 1 Filed 09/05/18 Entered 09/05/18 10:02:34 Desc Main Document Page 57 of 61

Fill in this in	formation to identil	fy your case:	
Debtor 1	Sharee	Wattsha Middle Name	Williams Lest Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States I	Sankruptcy Court for th	e: Northern District of	Illinois
Case number (If known)			· ·

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

Identify the creditor and the property that is collateral	What do you intend to do with the property that	Did you claim the property
Creditor's Chase Auto 1	Surrender the property.	as exempt on Schedule C
Description of property 9017 Ford Escape	Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement.	Yes
	Retain the property and [explain]:	
Creditor's name:	☐ Surrender the property.	□ No
	Retain the property and redeem it.	☐ Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
	Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	□ No
name:	Retain the property and redeem it.	Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
	☐ Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	Q No
name:	Retain the property and redeem it.	Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	·
	Retain the property and [explain]:	

12/15

Doc 1 Filed 09/05/18 Entered 09/05/18 10:02:34 Page 58 of 61

Debtor 1

Desc Main

U	01 01	
	Case number	(If known)

List Your Unexpired Personal Property Leases Part 2: For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). Will the lease be assumed? Describe your unexpired personal property leases ☐ No Lessor's name: Description of leased property: ☐ No Lessor's name: nger in ngawak nata di na warniyayan ngayanyan inta sata sarah na an Yes Description of leased property: ☐ No Lessor's name: Yes Description of leased property: □ No Lessor's name: Yes Description of leased property: ☐ No Lessor's name: Yes Description of leased property: ☐ No Lessor's name: ☐ Yes Description of leased property: □ No Lessor's name: Yes Description of leased property: Sign Below Part 3: Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease. Signature of Debtor 2

MM / DD / YYY

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

In Re:)	
Debtor(s) Sharee williams)))	Case No. Chapter 7

List of Creditors

Capital Color One 520403 P.O. BOX 30253 Salt lake, UT 84130	Old nauy (601859) P.O BOX 965005 Orlando: F1 32896	
Carson (211712) POBOX 182789 Columbus, OH 43218	AO+	
Victoria Sercret P.OBOX 182789 Columbus: OH 43218	(imerican express (34992) 0.060x 981537 61 Paso TX 79998	
(517805) 15000 Capital one Dr. Richmond NO 23238	4200 (Demotional Prwy Carrollton ITX 75007	4200 International
Children Place (57809) p.o.box 182120 Columbus; OH 43218	Bonfield Det Hospital (656488 P.O.BOX64378 Saint Paul, MN 55164	

My Points Reward Debtor 1

			_
	chase Auto (116274) P.O.Box 901003	Chase card (42668)	
	F+W017X76101	Wilmington, DE 19850	
	creditone bank (444796)	Hyundai Capital Americ	
	P.OBDX 98875 Las vegas, NV 89193	801503) 4000 Ma Carthur BIVDSTE Newsort Beach, ca 93660	
	Je Penny 600889	TJX (604585)	
	P.O BOX 965007 orlando, Fl 32896	0.0 Box 96500 \$ orlando, F1 32896	
	Targetcard (511786)	People gas	
	P.000x 673 Minneapolis, mn 55440		
*	Greater Suburban Acceptance (511829)	Venus (778830) P.O BOX 182789	*
	1645 ogden Ave Downers grove 17L 60515	Columbusio H 43218	
	Kohls 639305- N56 W. 17000 Ridgewood Dr	Forever 21 (578097) P-080x 182789	*
۴	Menomonee Falls Wi	columbus, of 43218	
	Nordstrom (447043)	onemain (111508) P.OBOX 1010	24
	13531 E caley Ave Englewood, co Polli	Evansville 17n 47706	¥
	Care credit (601918) 950 Forrer BIVD 1000000000000000000000000000000000000	Toyskus (607586) P.O.BOX 965005	w
	Kettering of 45420	orlando: fl 32896	
	walmer + (603230) P. 080x 965024	Fortiva (774930)	
		P. 0 BOX 105555 Atlanta 164 30348	*
		American Express (349992)	- A
	Plano, TX 75024	P.OBOX 297871 Fort Laurderdale, f133329	-
f	li di		i

Arcase 18-25029 Boc 1 Filed 09/05/18 Bocument	B Entered 09/05/18 10:02:34 Page 61 of 61	Desc Main
The university of 3-845048		
Chicago Chicago TS Remittana. Dr. suite 1385 TS Remittana. Dr. suite 1385 Radiol Ofical Physicians		
Radiological Physicians		
Radio1050 0472- Robox 2150 0472- bedford Park II. 001		